
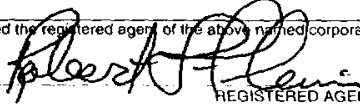



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 20 AUG 11 PM 3:14 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
APPLICATION FOR REINSTATEMENT		DOCUMENT # PA6000019939 1. Corporation Name ADVENTURE VIDEO, INC.	
Principal Place of Business 1750 SW 29 AVENUE FT. LAUDERDALE, FL 33312		Mailing Address 1750 SW 29 AVENUE FT. LAUDERDALE, FL 33312	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable SEE ABOVE		3. New Mailing Office Address, if Applicable SEE ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/01/96		Applied For <input type="checkbox"/> Not Applicable	
5. FEI Number 65-0657159		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) P/S/T	Name of Officers and/or Directors ROBERT L. FLEMING	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 1750 SW 29 AVENUE	City / State / Zip FT. LAUDERDALE FLORIDA 33312
		100002969861--9 -08/25/99--01073--018 ***1050.00 ***1050.00	
8. Name and Address of Current Registered Agent ROBERT L. FLEMING 2426 SE 26 STREET FT LAUDERDALE, FL 33314		9. Name and Address of New Registered Agent Name ROBERT L. FLEMING Street Address (P.O. Box Number is Not Acceptable) 1750 SW 29 AVENUE Suite, Apt. #, Etc. City FT LAUDERDALE	
		State FL	Zip Code 33312
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 8-9-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) KE			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:  ROBERT L. FLEMING <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-9-99	Daytime Phone # 954-581-6765

CR2E081 (12/98)