

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010362

1. Corporation Name

TAKE ONE VIDEO OF NAPLES, INC.

Principal Place of Business

4985 GOLDEN GATE PARKWAY
NAPLES FL 34116

Mailing Address

4985 GOLDEN GATE PARKWAY
NAPLES FL 34116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CORYEA, CYNTHIA	2731 WHITE BLVD	NAPLES FL 34120
D	BURCHIN, MICHELLE	691 2 STREET NE	NAPLES FL 34120

8. Name and Address of Current Registered Agent

CORYEA, CYNTHIA
4985 GOLDEN GATE PARKWAY
NAPLES FL 34116

9. Name and Address of New Registered Agent

Name

Michelle Burchin

Street Address (P.O. Box Number is Not Acceptable)

4987 Golden Gate Parkway

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

Michelle Burchin
REGISTERED AGENT MUST SIGN

Date 11-18-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-98 455-1131

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To Whom it May Concern

Due to Take one Videos Change
in address, I did not receive
my first or second notice of
renewal. per

Thank you

Michelle Butcher