

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JUN -2 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021427

1. Corporation Name
C & M VIDEO, INC.

Principal Place of Business Mailing Address
1345 County Road (CR) 951
Naples, Florida 34116

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3/3/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0738092	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JON LOPEZ	1845 County Rd. 951	Naples, FL 34116

200002905252--7
06/15/99 01074-007
***300.00 ***300.00

8. Name and Address of Current Registered Agent STEVEN CARTA, ESQUIRE 1619 Jackson Street Fort Myers, Florida 33901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
--	--	---	--

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: [Signature] REGISTERED AGENT MUST SIGN Date: 5/5/99

11. This corporation owes 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] Jon Lopez, Director 5/5/99 941-455-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)

2

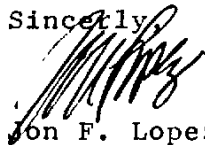
C + M Video
1845 County Road (CR) 951
Naples, Florida 34116
May 4, 1999

Florida
Secretary of State
Tallahassee, Florida

To whom it may concern,

I did not receive my 1998 notice regarding my corporate status because I moved from Ft. Myers to Naples, Florida. With this letter and the enclosed form I wish to request that my corporate status be reinstated and that due to the above circumstances my late fees be waived. A check for \$300.00 is enclosed for any appropriate fees.

Sincerely,



Jon F. Lopez
President
C + M Video

encl. Check #606

State of Florida Corporate Reinstatement Request Form
P.S. Please direct any correspondence to the above address.