## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. RTMENT OF STATE FILED DIVISION OF CORPORATIONS 00 MAR -2 PM 2: 13 P97000053048 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name Florida Caption, Inc. Principal Place of Business Mailing Address 1836 N.W. 97 Ave. 1836 N.W. 97 Ave. Plantation, FL Plantation, FL SP 33322 33322 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3263 Gifford Lane 3. New Mailing Office Address, If Applicable C/O M.E.Prados, C.P.A. 4. Date Incorporated or Qualified To Do Business in Florida 06/16/97 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number \_ 420 Lincoln-Road, #363 Applied For City & State City & State 65-0761547 Not Applicable Coconut Grove, FLMiami Beach, FΙ Zip \$8.75 Additional Fee required Zip 33133 Country Country CERTIFICATE OF STATUS DESIRED 33139 U.S.A. for a Certificate of Status U.S.A. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) Todd B. Smith 9130 S. Dadeland Blvd. Pres # PH-1B Miami, FL 33156 Vicente Russo 3263 Gifford Lane Dir Coconut Grove, FL 33133 900003169575-<u>-03/14/00</u> --01107-<u>-</u>014 \*\*\*\*450.00 \*\*\*\*450.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Mary E. Prados, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road Suite, Apt. #, Etc. 363 City Zip Code Miami Beach 33139 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. No Yes | x | 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information increated te, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-801-3263

Daytime Phone #

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February 18, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: [Florida Caption, Inc. ] Char #: P97000053048

## Dear Sir/Madam:

I am the accountant of the above. Corporation and contacted your office last week to request a waiver of the penalties for the not filing of the past two annual reports.

Please note that the owners of the Corporation have never owned a Corporation before (plus they are from out of town). They were incorporated by a business that only incorporates. Apparently the incorporator designated themselves as the registered agent. They never forwarded the annual reports to the owners. The previous accountant never brought to their attention the fact that they had not paid the annual fees. Therefore, they remained completely in the dark.

This letter is to request that forgive the penalty based upon the reasonable cause that they relied upon their accountant and attorney.

In good faith we have enclosed a check in the amount in \$450.00 to cover the two late reports and the current one. In addition, attached is a re-instatement form duly executed.

If you should have any question, please contact me at 305-358-3443.

Very truly yours,

Mary E. Prados

cc: Vicente Russo