PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086267

1. Corporation Name
M.G.A. VIDEO PRODUCTIONS,INC.

2. Principal Place of Business
16300 NE 19 AVENUE
NORTH MIAMI BEACH,FL
33162

Mailing Address
16300 NE 19 AVENUE
NORTH MIAMI BEACH, FL:
33162

If any of these are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
1111, Brickell Bay Dr
City & State
MIAMI, FL.
Zip
33131
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. # etc
3600 MISTIC POINT DR. # 1505
City & State
AVENTURA, FL.
Zip
33180
Country

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1997

5. FEI Number
65-0786447
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P. Gilles ABRAMOFF	3600 MISTIC POINT DR. # 1505	AVENTURA, FL. 33180
VP. Jocelyne ABRAMOFF	3600 MISTIC POINT DR. # 1505	AVENTURA, FL. 33180

REINSTATEMENT 98-99 : 1 TS

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****900.00 ****900.00

8. Name and Address of Current Registered Agent
Patrick VIVIES, CPA. PA
700 E. DANIA BEACH BLVD
DANIA, FL. 33004

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

I hereby accept the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN
Date 9/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I, the undersigned 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 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 due the Department 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 form is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ABRAMOFF GILLES 09/17/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #