

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 11:41

DOCUMENT # P98000006628

Corporation Name
AFFORDABLE TV & VCR INC.

Principal Office Address 4620 W. Commercial Blvd.		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite #6A		Suite, Apt. #, etc.	
City & State Tamarac, FL 33319		City & State	
Country USA	Zip	Country	

4. Date Incorporated or Qualified To Do Business in Florida Jan. 21, 1998	
5. FEI Number 65-0806666	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Everad D. Maxwell		000004638480--6	
Street Address (P.O. Box Number is Not Acceptable) 20001 NW 34 Ct.		-10/16/01--01036-023 ****450.00 ****450.00	
Suite, Apt. #, Etc.			
City Miami,	State FL	Zip Code 33056	

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Everad Maxwell Date 10-4-01
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Everad D. Maxwell	20001 NW 34 Ct.	Miami, FL 33056

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: Everad Maxwell 10-4-01 (954) 733-6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #