

Pg. 1 of 2

00 APR 19 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS | | FILED 00 APR 19 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P98000045443 1. Corporation Name Saybo Video Corp. | | | | | |
| Principal Place of Business 243 NW 57 Avenue Miami, Florida 33126 | | Mailing Address 243 NW 57 Avenue Miami, Florida 33126 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable 243 NW 57 Avenue Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable 243 NW 57 Avenue Suite, Apt. #, etc. | | 4. Date incorporated or Qualified To Do Business in Florida 05/20/1998 | |
| City & State Miami, Florida | | City & State Miami, Florida | | 5. FEI Number 65-0836961 | |
| Zip 33126 | | Country | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 3875 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| STD | Bolanos, Maria E. | 243 NW 57 Avenue | Miami, Florida 33126 | | |
| 8. Name and Address of Current Registered Agent Bolanos, Maria | | | | | |
| 9. Name and Address of New Registered Agent | | | | | |
| Name | | | | | |
| Street Address (P.O. Box Number is not Acceptable) 243 NW 57 Avenue | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Miami | | | | | |
| State FL | | | | | |
| Zip Code 33126 | | | | | |
| 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 Date _____ | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: X <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

April 12, 2000

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

Re: Saybo Video Corp
P98000045443

Gentlemen:

Per our telephone conversation, we are sending the reinstatement application along with our check for \$150.00.

As we stated, the corporation changed address and we never got the original annual report. We have requested that the reinstatement fee be waived.

Thank you very much for your cooperation.

Sincerely,

x 

President

KE