PRE COMPLETING THIS FORM. FILED P98000071615 DOCUMENT # 99 DEC 20 PM 2: 41 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA VIDTEC, INC. Principal Place of Business Mailing Address 7901 LOIS MAE COURT 7901 LOIS MAE COURT ORLANDO FL 32818 ORLANDO FL 32818 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For_ City & State City & State Country CERTIFICATE OF STATUS DECIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Title(s) LOIS MAE CT Ronald Gaines ORLANDO 400003083284== -12/29/99--01079--016 ****158.75 ...****158...75 &s 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 2843 THAXTON DRIVE #37 Suite, Apt. #, Etc. PALM HARBOR FL 32605 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. 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 filling 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. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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