

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 4:58

DOCUMENT # **P99000076928**

1. Corporation Name

M. VIDEO READERS CLUB OF AMERICA, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT *02*



600008956016
 11/13/02--01019--015 **750.00

Principal Place of Business

18329 US 19 SUITE
 HUDSON FL 34667

Mailing Address

18329 US 19 SUITE
 HUDSON FL 34667

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1999

5. FEI Number

59-3602470

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VARON, DAVID	8750 KEATS DR.	HUDSON FL 34667
D	CAUDILL, VICTOR L	7608 CYPRESS KNEE DR	HUDSON FL 34667

8. Name and Address of Current Registered Agent

CAUDILL, VICTOR L
 7608 CYPRESS KNEE DR
 HUDSON FL 34667

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Victor L Caudill
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 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:

Victor L Caudill
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02