

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 16 PM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

799000095690

1. Corporation Name

Beaches Video, Inc.

2. Principal Office Address

815 EYRIE Dr.

Suite, Apt. #, etc.

Ste 2

City & State

OVIDO, FL.

Zip

32765

Country

USA

3. Mailing Office Address

815 EYRIE Dr.

Suite, Apt. #, etc.

Ste 2

City & State

OVIDO, FL.

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/99

5. FEI Number

59-3607654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD T. LEHMKUHL

Street Address (P.O. Box Number is Not Acceptable)

2380 PINE MEADOWS PL

Suite, Apt. #, Etc.

City

CHULUOTA

State

FL

Zip Code

32766

8. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/21/03

9. 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 |
|--------|--------------------------------------|---|--------------------|
| P.S.T | RICHARD T. LEHMKUHL | 2380 PINE MEADOWS PL | CHULUOTA, FL 32766 |
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06/16/03-01051-010 **2700.00

10. 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:

[Signature] PRESIDENT RICHARD LEHMKUHL

407 971 1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/21/03

Daytime Phone #

CR2E081 (10/02)