

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 DEC 29 AM IO: 37 SECRETARY OF STATE TALLAHASSER FLOTIDA
1. Corporation Name D990	1526 1001/0703 rters + Video Scruices	
2. Principal Office Address /8/6 Pleasant Pt. Lane Suite, Apt. #, etc.	3. Mailing Office Address Po Box 35003/ Suite, Apt. #, etc.	4-Date incorporated or Qualified
City & State Tacksonuille FL. Zip Country US	City & State JOCKS ONVITE FL. Zip Country 32235 US	To Do Business in Florida 12/27/99 5. FEI Number 59-36/15 2/5 Not 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 7 riple Check Street Address (P.O. Box Number is Not Acceptable) 320 Osc cola Aug Suite, Apt. #, Etc. 79 City Theresonuille Beach State Tip Code FL 32250		
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 Pale Pale Pale Pale Pale Pale Pale Pale		
Nama of	Nor Director (Florida nonprofit corporations must list at lea	st 3 directors)
Titles Name of Officers and/or Directors VS Luan - G Wils,	Street Address of Each Officer and/or Director 18/16 Pleasant Pr	City/State/Zip 1. /n. JAX FL 32225
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		





AMELIA COURT REPORTERS

1816 Pleasant Point Lane Jacksonville, Fl. 32225 904-221-6906

December 26, 2003

Florida Department of state Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

To whom it may concern:

As per my telephone conversation with you, I am writing you concerning the notice of dissolution or revocation of our corporation.

In March of 2003 the renewal was filed electroicly and accepted. I received no other information up until this notice. Therefore I ask that you accept the enclosed application and check and that you waive all other penalties.

Sincerely, M.D. Wilson