PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # V61786

1. Corporation Name

Video Village, Inc.

Principal Place of Business / Mailing Address

Video Village, Inc.
2699 Forest Rdg. Blvd
Hernando, Fl 34442

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

REINSTATEMENT 94-99

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: 1994

5. FEI Number: 59-3148-264 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Frank Panarelli	11130 N Wahoo Tr	Dunnellon, Fl 34433
V Pres	Hilda Panarelli	same as above	
Sec	Michelle Breitweg	11298 N. Wahoo Tr	Dunnellon, Fl 34433
Tres	Frank Panarelli III	11120 N. Wahoo Tr	Dunnellon, Fl. 34433

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****150.75 ****150.75

8. Name and Address of Current Registered Agent

Frank J. Panarelli
Deceased

9. Name and Address of New Registered Agent

Name: Hilda Panarelli
Street Address (P.O. Box Number is Not Acceptable): 11130 N. Wahoo Trail
Suite, Apt. #, Etc: Dunnellon
City: Florida
State: FL Zip Code: 34433

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: Hilda Panarelli
REGISTERED AGENT MUST SIGN
Date: June 22, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(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: Hilda Panarelli
Hilda Panarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 22, 1999 (Date)
352-563-0300 (Daytime Phone #)

CR2E081 (12/98)