

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

**DOCUMENT # 730160**

1. Corporation Name

**THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIATION, INC.**

300005282029--8  
-04/16/02--01035--024  
\*\*\*\*\*245.00 \*\*\*\*\*245.00

Principal Place of Business

Mailing Address

392 LAKEVIEW TERR.  
PALM HARBOR FL 34683  
US

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PALM HARBOR FL 34683  
US



**REINSTATEMENT** 01-02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/25/1974	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2301231	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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	4 City / State / Zip
PD	SOLDINGER, CRAIG	422 NETHERWOOD CRES.	ALTAMONTE SPRINGS FL 32714
EVD	SMITH, GARVIN	P.O. BOX 2879	GAINESVILLE FL 32602
VD	DUSSLING, JOHN	3417 LAKE BREEZE ROAD	ORLANDO FL 32808
TD	JOHNSON, DALE W	392 LAKEVIEW TERR.	PALM HARBOR FL 34683
SD	ESTES, HELEN	3804 CARDINAL CIRCLE	BONITA SPRINGS FL 34134

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-04/16/02--01035--023  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, DALE W 392 LAKEVIEW TERR. PALM HARBOR FL 34683		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	State FL
		Zip Code	

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: *Dale W Johnson* Date: 1-10-02  
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 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: *Dale W Johnson* Date: 1-10-02 Daytime Phone #: 727-781-1464  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)