

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAY 21 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F0400005080**

1. Corporation Name

**Showtimes.com, Inc.**

2. Principal Office Address - No P.O. Box #

**2255 Glades Road**

3. Mailing Office Address

**2255 Glades Road**

Suite, Apt. #, etc.

**221A**

Suite, Apt. #, etc.

**221A**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33431**

Country

**Palm Beach**

Zip

**33431**

Country

**Palm Beach**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/2/04**

5. Federal Number

**65-0922070**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

15.75 Additional fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

Suite, Apt. #, Etc.

**Plantation**

State

**FL 33324**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

*Barbara A. Burke*

**Barbara A. Burke**  
Special Assistant Secretary

Date

**5/20/08**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Co-CEO	<b>Mitchell Rubenstein</b>	<b>2255 Glades Rd., #221A</b>	<b>Boca Raton, FL 33431</b>
Co-CEO & Secy	<b>Laurie Silvers</b>	<b>2255 Glades Rd., #221A</b>	<b>Boca Raton, FL 33431</b>
	<b>RH</b>	<b>5-07</b>	
<b>REINSTATEMENT</b>			

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 contained in Chapter 119, 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:

*Mitchell Rubenstein*  
**Mitchell Rubenstein**

Date

**5/19/08**

Daytime Phone #  
**561-998-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

*Please waive penalty fee*

CORPORATION REINSTATEMENT

SHOWTIMES.COM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$1,200.00</del>

*\$600.00*

**RH**

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