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PICK-UP	☐ WAIT	MAIL
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(E	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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TO: New Filing Section Division of Corporations	,
•	tmad 111.4
SUBJECT: SENSIBLE CIME	reporation - must include suffix)
Ç.	Formula 111100 2101000 - V
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
MARK C. Mispagial	
The state of the s	lame of Person)
Sensible Cinemas IN	6
(F	irm/Company)
P.O. BOX 378	(Physical Address 655 W. Lincoln,
	(Address)
Charleston, 12	61920
(City	//State and Zip code)
For further information concerning this matter, p	lame of Person) C irm/Company) (Physical Address 655 W. Lincoln, (Address) 61920 //State and Zip code)
(Name of Person) at [217 549-8814
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	randiassee, 1D 52517
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Statu	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Sensible Cinemas, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. | 12 21NO15 | 3. | 37-1277204 |

(State or country under the law of which it is incorporated) | (FEI number, if applicable) |

4. | 2-1-91 | 5. | Perpetual |

(Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") 6. N/A ANTICIPTE 7~15-06

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 655 W. LINCOLN Suite 7 Charles fon. IL 61920

(Principal office address)

P. O. 730x 378 Charles fon. IL 61920

(Current mailing address) Snovie: Then tres | Food Service

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MARK C. MUSPARIN

7725 FRONT BEACH ROAD

PANAMA City BEACH, Florida 32407

(City) (Zip code) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. [MARK C. MESPIRINS

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: MARK C. MESPARIN (Sole OWNER)
Address: #3 Still water
Chairman: MAAK C. MCSPARIN (Sole OWNER) Address: #3 Still water Charleston, 12 61920
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Provident: MARK C. McSOARIA) (Sole DWNIER)
President: MARK C. McSPARIN (SOLE DWWER) Address: #3 Stillwater Charleston. IL 61920
Charleston 16 61920
Vice President:
Address:
Auditos.
S
Secretary:
Address:
Treasurer:
Address
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)
(1yped or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of June A.D. 2006.

Desse White