

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

FILED

01 JAN -2 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061641

1. Corporation Name
THOENNES PICTURES, INC.

2. Principal Office Address
17 NW 36 Street

3. Mailing Office Address
PO Box 370730

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33137 USA

Zip Country
33137 USA

4. Date Incorporated or Qualified To Do Business in Florida
July 16, 1997

5. FEI Number
65-08071320

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael Thoennes
 Street Address (P.O. Box Number is Not Acceptable): 17 NW 36 Street
 Suite, Apt. #, Etc.:
 City: Miami
 State: FL
 Zip Code: 33137

500003534055-8
 01/12/01-01988-001
 ****450.00 ****490.00
 LS

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: [Signature]
 Date: 12/21/00
 REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Thoennes	2401 Collins Ave #1809	Miami Beach, FL 33140

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] Michael Thoennes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President
 Date: 12/21/00
 Daytime Phone #: 305-576-1169

CR2E081 (9/99)

LOCATION

PEOPLE

annual

ADVERTISING

michael
thoennes
photographer
michael
thoennes
photographer

FILM

reports

2062

December 27, 2000

Division of Corporations
Department of State
PO Box 6327
Tallahassee, FL 32314

To Whom It Concerns,

Recently, our CPA, Michael Lewis, audited our books and found that Thoennes Pictures, inc. had not paid annual fees.

Originally, opting to incorporate with no legal assistance, I did not understand that an annual fee was due each year. Upon further investigation we realized that proper forms were never received by the company because of an addressing error.

We make every attempt to remain compliant with laws and regulations and as such are hereby paying all past fees in the amount of \$450.

In doing so we also ask for forgiveness of any additional fees as there was no intention of avoiding such payments.

Thank you for considering my request.

Sincerely,



Michael Thoennes,
President,
Thoennes Pictures, inc.

THOENNES PICTURES

P.O. Box 370730
Miami Beach, FL 33137
(305) 576-1169
FAX: (305) 576-4777

Ship to:
17 NW 36th Street
Miami, FL 33127

www.thoennespictures.com