

JUN-21-1998 14:43

DELOITTE & TOUCHE LLP

305 372 3163 F.02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -3 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 462146

1. Corporation Name

S.D. Theatre Corp.

Principal Place of Business

Mailing Address

1870 N. University Drive
Plantation, Florida
33322

REINSTATEMENT

89-98
AD

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.		1974	
City & State		City & State		5. FEI Number	
Zip		Country		11-2341224	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☒	

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
P/S D	Mitchel Dreier	1292 Terrystone Court	Weston, FL. 33326

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mitchel Dreier 1870 N. UNIVERSITY PLANTATION, FL. 33322	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: Mitchel Dreier Date: 6-1-98
REGISTERED AGENT MUST SIGN11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Mitchel Dreier / President 954-473-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6-01-98 Daytime Phone #