

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 16 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 730160

1. Corporation Name -

THE FLORIDA MOTION PICTURE & TELEVISION ASSOCIA  
TION, INC.

Principal Place of Business

Mailing Address

392 LAKEVIEW TERR.  
PALM HARBOR FL 34683  
US

392 LAKEVIEW TERR.  
PALM HARBOR FL 34683  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida		06/25/1974	
5. FEI Number		Applied For	
59-2301231		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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOLDINGER, CRAIG	422 NETHERWOOD CRES.	ALTAMONTE SPRINGS FL 32714
EVD	ALAN, JERRY - GARVIN SMITH	1208 AUTUMN DRIVE P.O. Box 2879	TAMPA FL 33613 GAINESVILLE FL 32602
VD	MARSHALL, KAREN - JOHN DUSSUNG	2000 UNIV. STUDIOS PLAZA SUITE 6 3417 LAKE BREEZE ROAD	ORLANDO FL 32810 32808
TD	JOHNSON, DALE W	392 LAKEVIEW TERR.	PALM HARBOR FL 34683 34683
SD	ESTES, HELEN	3804 CARDINAL CIRCLE	BONITA SPRINGS FL 34134
			800003455718--3 -11/07/00--01063--030 ****244-00 ****244.00

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

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 [Signature] Date 10/12/2000  
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: [Signature] Date 10/12/2000 Daytime Phone # 727-787-1464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DALE W. JOHNSON