

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005814

1. Corporation Name

CINEMA TECH SEATING, INC.

Principal Place of Business

Mailing Address

16525 ADDISON ROAD
ADDISON TX 75001

16525 ADDISON ROAD
ADDISON TX 75001

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2001

5. FEI Number

75-277647

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	MURPHY, MICHAEL T	5611 COVEHAVEN DR	DALLAS TX 75001
VD	WALL, RONALD	5600 CHAMPIONS DR 6318 CARRINGTON DR.	PLANO TX 75093 DALLAS, TX 75254
ST	SOUCIE, WANDA J	5611 COVEHAVEN DR	DALLAS TX 75001
D	MADISON, MIKE D	3809 COVINTON	PLANO TX 75023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Jeanine Reynolds
as its agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jeanine Reynolds
as its agent

REGISTERED AGENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Murphy 8/24/04 972 381-1071

Date

Daytime Phone #