

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS  
10 SEP - 3 PM 2:35

DOCUMENT # F05000005236

1. Corporation Name

THEATRE MANAGEMENT GROUP-FLINT, INC.

2006

BK

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

1800 Post Oak Blvd., 6 Blvd. Place

3. Mailing Office Address

1800 Post Oak Blvd., 6 Blvd. Place

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Houston, TX

City & State

Houston, TX

Zip

77056

Country

USA

Zip

77056

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/2005

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Capitol Corporate Services, Inc.

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

155 Office Plaza Drive, Suite A

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300135052443  
09/09/05-0000-000 \*\*9595.25

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

See attached page 2 for signature

Date

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/D	David Anderson	1800 Post Oak Blvd., 6 Blvd. Place, Suite 450	Houston, TX 77056
V/D	Allen J. Becker	1800 Post Oak Blvd., 6 Blvd. Place, Suite 450	Houston, TX 77056

REINSTATEMENT 2006-2011

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/20/10

Date

913.337.5660

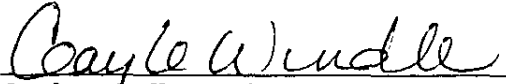
Daytime Phone #

F05000005236

**Theatre Management Group-Flint, Inc.**  
Acceptance of Registered Agent Appointment

We, Capitol Corporate Services, Inc., 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.

Dated: September 2, 2010

  
Gayle Windle, Assistant Secretary  
Capitol Corporate Services, Inc.

BK

**F05UUUUU5236**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 09-03-10**

**NAME: THEATRE MANAGEMENT GROUP-FLINT, INC**

**TYPE OF FILING: REINSTATEMENT**

**COST: \$1,358.75- check provided**

**RETURN: CERTIFIED COPY**

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 SEP -3 PM 1:34  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

---

*YBK*