Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -2 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005799

1. Corporation Name

STORY BOARD, INC.

REINSTATEMENT 06-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
13317 NW 14th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Pembroke Pines, FL	
Zip: 33028-2721 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10-4-2005

5. FEI Number: 84 1508283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Cohen, Sander L.

Street Address (P.O. Box Number is Not Acceptable): 13317 NW 14th Street

800082861578
12/29/06--01028--012 **300.00

Suite, Apt. #, Etc.:

City: Pembroke Pines, State: FL Zip Code: 33028-2721

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: _____ Date: 12/28/06

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Cohen, Sander L.	13317 NW 14th St	Pembroke Pines FL 33028
S	Cohen, Maria	13317 NW 14th St	Pembroke Pines FL 33028

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 contained in Chapter 119, 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: _____ Sander L. Cohen 12-28-2006 303-641-7815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Storyboard, Inc.
13317 NW 14th Street
Pembroke Pines, FL 33028-2721

December 28, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam,

Enclosed please find our Corporation Reinstatement Form for Storyboard, Inc.

We did not receive the annual report notice, and we therefore respectfully request waiver of the $600 reinstatement fee.

We are enclosing $150 for year 2006, and $150 for year 2007 Annual Report Fees and Corporate Supplemental Fees. Total fees enclosed $300.

Thank you for your attention to this matter.

Sincerely yours,

Sander L. Cohen
President