

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006306

1. Corporation Name

SURVIVORS OF THE SHOAH VISUAL HISTORY FOUNDATIO
N, INCORPORATED

Principal Place of Business

100 UNIVERSAL PLAZA
UNIVERSAL CITY CA 91608

Mailing Address

100 UNIVERSAL PLAZA
UNIVERSAL CITY CA 91608

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 3168

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip

90078

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1994

5. FEI Number

95-4474965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 58.75 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)

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
DP	BRESLAUER, GERALD	10345 WEST OLYMPIC BLVD.	LOS ANGELES CA 90064
DCFO	RUTMAN, MICHAEL	10345 WEST OLYMPIC BLVD.	LOS ANGELES CA 90064
D	RAMER, BRUCE M	132 SOUTH RODEO DR.	BEVERLY HILLS CA 90212
C	SPIELBERG, STEVEN	100 UNIVERSAL PLAZA, BUNGALOW 47	UNIVERSAL CITY CA 91608

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

200002028552--2

-12/13/96--01045--001

****183.75 ****183.75

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

Thomas Totaro REGISTERED AGENT MUST SIGN

200002028552--2

-12/13/96--01045--002

****61.25 ****61.25

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rutman, Chief Financial Officer

310 282-0477

Date

Daytime Phone #