

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 JAN 13 AM 9:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006761**

1. Corporation Name

**ST. PAUL FILM FOUNDATION, INC.**

Principal Place of Business

Mailing Address

446 HARRISON ST., #1000  
 SUMAS WA 98295

446 HARRISON ST., #1000  
 SUMAS WA 98295



**REINSTATEMENT** 98-99

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

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

60-1752840

Not Applicable

Zip

Country

Zip

Country

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)

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
VSDC	BETANCOR-LEON, NATASHA	1700 75TH AVE., #103	VANCOUVER BC V6P
TQC	JONES, STEPHEN A	1700 75TH AVE., #103	VANCOUVER BC V6P
<del>D</del>	<del>BEAUCHAMP, MARC DR</del>	<del>885 2ND AVE., 7TH FL, 1 DAG HAMM</del>	<del>NEW YORK NY 10017</del>
D	JOLLIFFE, CHRISTINE	885 2ND AVE., 7TH FL, 1 DAG HAMM	NEW YORK NY 10017
<del>D</del>	<del>ZUCCHI, JOHN DR</del>	<del>885 2ND AVE., 7TH FL, 1 DAG HAMM</del>	<del>NEW YORK NY 10017</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Street Address (Do Not Use Post Office Box Numbers)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Barbara A. Burke*  
 REGISTERED AGENT MUST SIGN

**BARBARA A. BURKE**  
 SPECIAL ASSISTANT SECRETARY

Date

1-11-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

*Stephen Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-98

Date

360-332-5259

Daytime Phone #

CR2E040 (9/89)