

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

446 HARRISON ST., #1000
SUMAS WA 98295

Mailing Address

446 HARRISON ST., #1000
SUMAS WA 98295

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

2. New Principal Office Address, If Applicable

288 Martin Street

Suite, Apt. #, etc.

Suite 300

City & State

Blaine, WA

Zip

98230

Country

USA

3. New Mailing Office Address, If Applicable

288 Martin Street

Suite, Apt. #, etc.

Suite 300

City & State

Blaine, WA

Zip

98230

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

60-1752840

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VSDC	BETANCOR-LEON, NATASHA	1700 75TH AVE., #103	VANCOUVER BC V6P
TQC	JONES, STEPHEN A	1700 75TH AVE., #103	VANCOUVER BC V6P
D	BEAUCHAMP, MARC DR	885 2ND AVE., 7TH FL, 1 DAG HAMM	NEW YORK NY 10017
D	JOLLIFFE, CHRISTINE	885 2ND AVE., 7TH FL, 1 DAG HAMM	NEW YORK NY 10017
D	ZUCCHI, JOHN DR	885 2ND AVE., 7TH FL, 1 DAG HAMM	NEW YORK NY 10017
000002748090--4 -01/20/99--01063--030 ****236.25 ****236.25			

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

000002748090--4

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****61.25 ****61.25

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Jones

Date

11-23-98

Daytime Phone #

360-332-5259

CR2E040 (9/99)