PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 30 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000005366

1. Corporation Name
Theatre Confections, Inc.

2. Principal Office Address	3. Mailing Office Address
795 Monroe Avenue	795 Monroe Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rochester, NY	City & State: Rochester, NY
Zip: 14607 / Country: Monroe	Zip: 14607 / Country: Monroe

4. Date Incorporated or Qualified To Do Business in Florida: 10/19/99

5. FEI Number: 16-0800341 — 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

REINSTATEMENT 00-01

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: K. A. S. — REGISTERED AGENT MUST SIGN KEVIN A. SEBUNIA — Date: 8-29-01

CR2E081 (9/00)

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
Director	David Kates	52 Bending Oak Dr.	Pittsford, NY 14534
Dir	Philip Kates	115 Esplanade Dr.	Rochester, NY 14610
Dir	Marion Kates	115 Esplanade Dr.	Rochester, NY 14610
Dir	Mary Jane Kates	52 Bending Oak Dr.	Pittsford, NY 14534
Pres	Steven Tellex	105 Endicar Dr.	Rochester, NY 14622
VP	Richard McGlynn	95 Landing Pk.	Rochester, NY 14625

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 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: Steven Tellex — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-27-01 — Daytime Phone #: 716-271-0858