

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:07

DOCUMENT # J77219

1. Corporation Name
Kohl Pictures, Inc

W-27952

2. Principal Office Address
6005 Powers Ave

3. Mailing Office Address
3033-1 Hartley Rd

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville, FL

Zip
32217 Country
Duval

Zip
32257 Country
Duval

REINSTATEMENT 93-00

4. Date Incorporated or Qualified To Do Business in Florida 6/10/1987

5. FEI Number 59-2807639 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
R. J. Huisinga
Street Address (P.O. Box Number is Not Acceptable)
3033-1 Hartley Road
Suite, Apt. #, Etc.

600003509516-9
--12/21/00--01002--022
***1800.00 ***1800.00

City
Jacksonville

State
FL Zip Code
32257

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 [Signature] REGISTERED AGENT MUST SIGN

Date 11/6/2000

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
Pres	Mark Kohl	1884 South Hampton	Jacksonville, FL 32207

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/6/2000 Daytime Phone # (904) 288 6166

CR2E081 (9/99)