

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 201916

1. Corporation Name

FILMSMITH INTERNATIONAL INC.

2. Principal Office Address

3250 Mary St.

Suite, Apt. #, etc.

#305

City & State

Miami, FL.

Zip

33133

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

July 10, 1989

5. FEI Number

65-103-1679

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

NORMAN C. SMITH

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

346 GULF RD

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date July 16/01

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
<u>D</u>	<u>NORMAN C. SMITH</u>	<u>346 GULF RD</u>	<u>KEY BISCAYNE, FL 33149</u>
<u>D</u>	<u>MARIA C. SMITH</u>	<u>346 GULF RD</u>	<u>KEY BISCAYNE, FL 33149</u>

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16/01

Date

3054427266

Daytime Phone #

CR2E081 (9/00)