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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009835

Name and Mailing Address

0013003 01 AT 0.292 **AUTO T7 0 0615 33487-162000

CINEMA VENTURES LLC
8000 N. FEDERAL HWY, STE. 216
BOCA RATON FL 33487-1620800024096418
11/21/03 - 01003--010 **150.00

2. New Mailing Address 8000 N. FEDERAL HWY STE 207 City, State, Zip BOCA RATON FL 33487		4. State/Country of Formation FL	
Principal Place of Business 8000 N. FEDERAL HWY, STE. 216 BOCA RATON FL 33487		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent COLLARD, JOE 3040 JASMINE TER DELRAY BEACH FL 33483		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: ADRIANA DIMARCO Street Address (P.O. Box Number is Not Acceptable) 8000 N. FEDERAL HWY SUITE 207 City: BOCA RATON FL Zip Code: 33487			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>[Signature]</u> SIGNATURE REQUIRED Date: <u>11/2/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	ADRIANA DIMARCO	6247 INDIAN FOREST CIR LAKE WORTH FL 33463	LAKE WORTH FL 33463
Mgr.	PAUL DIMARCO	7493 PRESENT LN LAKE WORTH FL 33467	LAKE WORTH FL 33467
Mgr.	ROBERT DIMARCO	6247 INDIAN FOREST CIR.	LAKE WORTH FL 33463
REINSTATEMENT - 03 dec			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: <u>[Signature]</u> SIGNATURE REQUIRED		Date: <u>11/2/03</u> Daytime Phone #: <u>561-933-5059</u>	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)