


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LS4499

1. Corporation Name

Florida Action Films, Inc.

2. Principal Office Address

471 N.E. 79th Street

Suite, Apt. #, etc.

3. Mailing Office Address

471 N.E. 79th Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/90

5. FEI Number

050225245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-05

7. Name and Address of Current Registered Agent

Name

Ted Vernon

600059175256

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

471 N.E. 79th Street

08/31/05--01028--008 **420.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

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

Date

REGISTERED AGENT MUST SIGN

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
P	Ted Vernon	471 N.E. 79th Street	Miami, FL 33138
VP	Robin Vernon	471 N.E. 79th Street	Miami, FL 33138

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

Also Accepting designation as
registered Agent

8/19/05

Date

(305) 754-2323

Daytime Phone #

CR2E081 (01/05)