

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M01000000416

Name and Mailing Address

2002 NOV -6 PM 1:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0007822 01 FP 0.352 **PRSRT T4 0 0615 35223-251256



J & B THEATRES LLC
6 OFFICE PARK CIR., STE. 206
BIRMINGHAM AL 35223-2512



2. New Mailing Address

2100A Southbridge Pkwy Suite 325

City, State, Zip
Birmingham AL 35209

Principal Place of Business

6 OFFICE PARK CIR., STE. 206
BIRMINGHAM AL 35223

3. New Principal Place of Business Address

2100A Southbridge Pkwy #325

City, State, Zip
Birmingham AL 35209

4. State/Country of Formation

AL

5. Date Organized or Qualified
To Do Business in Florida

02/23/2001

6. FEI Number 63-1267796

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

300008832533

11/06/02--01090--024 **150.00

City

FL

Zip Code

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date

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
MGRM	Robert Cobb	3124 Guilford Road	Birmingham AL 35223

REINSTATEMENT

2002

[Signature]

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 *[Signature]*

Date

10/30/02

Daytime Phone #

205-807-7160

Typed or printed name of signing Managing Member/Manager