

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

NOV 14 PM 2:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N47269**

1. Corporation Name

PROJECT BLACK CINEMA, INCORPORATED

Principal Place of Business

Mailing Address

1359 FRUITVILLE RD
 SARASOTA FL 34236
 US

P.O. BOX 565
 SARASOTA FL 34230



REINSTATEMENT

98-9900

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0311747

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DM	BARNETT, W.L. CHE	3254 CLARK DRIVE	SARASOTA FL
DP	STEPHENS, CHARLES R.	2401 8TH ST., #6	SARASOTA FL
D	MCADAMS, MACEO	3254 CLARK DRIVE	SARASOTA FL
DC	ATKINS, SHELIA	1246 80TH O.E.	SARASOTA FL
	Refer to Attached Addendum		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BARNETT, W.L. CHE~~
~~3254 CLARK DRIVE~~
~~SARASOTA FL 34236~~

Mary Mapp
 1800 2nd St #708
 Sarasota, FL 34236

Name: ~~MACEO~~ Mary Mapp
 Street Address (P.O. Box Number is Not Acceptable): ~~1359 Fruitville Road~~ 1800 2nd St #708
 Suite, Apt. # Etc.: 708
 City: SARASOTA
 State: FL
 Zip: 34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mary Mapp
 REGISTERED AGENT MUST SIGN

Date: 11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Mary Mapp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/18/98
 Office Phone #: 941-954-7600

CR2E040 (9/98)

