

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

AND
FILED

98 NOV 18 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002167

1. Corporation Name

MOVIEMAKERS ON MOVIES GUILD OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

3590 S. OCEAN BLVD.
APT. 707
PALM BEACH FL 33480

3590 S. OCEAN BLVD.
APT. 707
PALM BEACH FL 33480

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1993

5. FEI Number

65-0542589

Applied For

Not Applicable

6.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BRENNER, HELEN	3590 SOUTH OCEAN BLVD.	PALM BEACH FL 33480
STD	BRENNER, PAUL	340 EAST 74TH STREET REBRON, N.Y. PKY	NEW YORK NY 10021 REBRON, N.Y. 10573
VPD	BRENNER, LAWRENCE A	9902 3RD AVENUE	BROOKLYN NY 11209
			400002695224--8 -11/21/98-01040-018 ****236.25 ****236.25
			11/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENNER, HELEN
3590 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/23/98

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)(f), 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 REQUIRED
HELEN BRENNER

November 23, 1998 561 6863598

Date

Daytime Phone #

CR20940 (9/98)