

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 97-98
REINSTATEMENT



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

APPROVED
AND
FILED

98 FEB -6 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003454**

1. Corporation Name
SOUTH BEACH FILM FESTIVAL, INC.

Principal Place of Business
**20161 N.E. 16TH PLACE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**20161 N.E. 16TH PLACE
NORTH MIAMI BEACH FL 33179**



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

2. New Principal Office Address, If Applicable 924 Lincoln Road		3. New Mailing Office Address, If Applicable 924 Lincoln Road		4. Date Incorporated or Qualified To Do Business in Florida 07/30/1993	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103		5. FEI Number 65-0428840	
City & State Miami Beach, FL		City & State Miami Beach, FL		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33141	Country USA	Zip 33141	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	MILLS, ROBERT	1147 VENETIA AVENUE	CORAL GABLES FL
PD	Andrew Schefter	7601 E. Treasure Dr. PH1-11	Miami Beach, FL 33141
SD	MILLS, BROWNWAY	1147 VENETIA AVENUE	CORAL GABLES FL
TD	ARNASON, ANGELE	21 MADEIRA AVE. #12	CORAL GABLES FL
TD	Erika Ostertag	7601 E Treasure Dr. PH1-11	Miami Beach, FL 33141
VPD	AGIERNO, MIKE	20161 NE 16TH PLACE	NORTH MIAMI BEACH FL
VPD	Robert Mills	1147 Venetia Avenue	Coral Gables, FL
VPD	SCHEFTER, ANDREW	20161 NE 16TH PLACE	NORTH MIAMI BEACH FL

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

**MILLS, ROB
20161 N.E. 16TH PLACE
N. MIAMI BEACH FL 33179**

9. Name and Address of New Registered Agent

Name **Andrew Schefter**
Street Address (P.O. Box Number is Not Acceptable) **7601 E Treasure Dr. PH1-11**
Suite, Apt. #, Etc. **PH1-11**
City **Miami Beach**
State **FL** Zip **33141**

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

Andrew P. Schefter
REGISTERED AGENT MUST SIGN

Date

2/4/98

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 filling 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:

Andrew P. Schefter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW P. SCHEFTER
Date **2/4/98**

305-464-9619
Daytime Phone #

CR2040 (9/97)