

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

ATX1

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 16 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA9000002423

1. Corporation Name

MOTION PICTURE & TELEVISION UNDERWRITERS SOCIETY

2. Principal Office Address

5568 Fox Hollow Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33486-8647

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business In Florida

4/19/1999

5. FEI Number

65-0911721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert L Weneck

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

5568 Fox Hollow Drive

Suite, Apt. #, Etc.

City

Boca Raton

State Zip Code

FL

33486-8647

500020817559
06/13/03--01023--012 **245.00

04/22/03 01072 015 \$61.25

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

REGISTERED AGENT MUST SIGN

Date

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

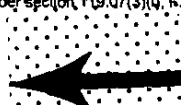
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Robert L Weneck	5568 Fox Hollow Drive	Boca Raton, FL 33486-8647
D	Pamela Stark Thomas	5568 Fox Hollow Drive	Boca Raton, FL 33486-8647
D	Beverly Bregman	5568 Fox Hollow Drive	Boca Raton, FL 33486-8647

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)(4), 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:

Robert L Weneck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



SIGN
HERE

Date

6/11/03

Phone #

954 683

1578