

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000005221**  
1. Corporation Name **ISLAND ACTS, INC.**

2. Principal Office Address  
**1330 OCEAN DRIVE**  
Suite, Apt. #, etc. **4th FL**  
City & State **MIAMI BEACH, FL**  
Zip **33139** Country **U.S.A.**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/31/99**

5. FEI Number **65-0951088** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street** **200044706933**  
Suite, Apt. #, Etc. **Tallah**  
City **Tallahassee** State **FL** Zip Code **32301**

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 **Deborah D. Skipper** **Deborah D. Skipper** Date **1/13/05**  
REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

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
<b>D</b>	<b>CHAS BLACKWELL</b>	<b>76 NINTH AVENUE</b>	<b>NEW YORK, NY 10011</b>
<b>PISCAL OFF.</b>	<b>WENDY HART</b>	<b>57221 N. BAY RD</b>	<b>MIAMI, FL 33140</b>
<b>D</b>	<b>TOM HAYES</b>	<b>404 EAST BAY ST</b>	<b>NASSAU, BAHAMAS</b>
<b>T</b>	<b>MEG FRIEDMAN</b>	<b>76 NINTH AVENUE</b>	<b>NEW YORK, NY 10011</b>
			<b>1/12</b>

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)(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: **Meg Friedman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10/05** Daytime Phone # **212 30 3714**

CR2E081 (01/04)

**REINSTATEMENT 04-05**

FILED  
05 JAN 13 PM 3: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 139058 7349074

AUTHORIZATION :

COST LIMIT : \$ 297.50

*Patricia Pigute*

ORDER DATE : January 12, 2005

ORDER TIME : 10:18 AM

ORDER NO. : 139058-005

CUSTOMER NO: 7349074

CUSTOMER: Ms. Nida Pantalon  
Palm Pictures  
11th Floor  
601 West 26th Street  
New York, NY 10001

RECEIVED  
05 JAN 13 PM 12:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ISLAND ACTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_