

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 10:07

DOCUMENT # P0000000 8606

1. Corporation Name

TMG INTERFILMS, CORP.

2. Principal Office Address

11670 CANAL DRIVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL.

Zip

33181

Country

USA.

3. Mailing Office Address

11670 CANAL DRIVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL.

Zip

33181

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2000

5. FEI Number

650983139

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

GOMAR CAROLINA BUSTILLOS

400064504604

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

11670 CANAL DRIVE

01/25/06--01026--010 **12 0.75

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33181

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

Date

JAN 12/2006

REGISTERED AGENT MUST SIGN

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
PD	CAROLINA BUSTILLOS	11670 CANAL DRIVE	NORTH MIAMI/FL/33181

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 12/2006 - 7862628024

Daytime Phone #

305 8916407