

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -3 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041231

1. Corporation Name

16,000 movies.com, INC.

2. Principal Office Address

482 EAST ALTAMONTE DRIVE

Suite, Apt. #, etc.

1009

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

3. Mailing Office Address

482 EAST ALTAMONTE DRIVE

Suite, Apt. #, etc.

1009

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/2000

5. FEI Number

59-3640577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

JOHN T. BULECZA

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

482 EAST ALTAMONTE DRIVE

Suite, Apt. #, Etc.

1009

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/2/02

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	PHILLIPS, DAVID R	Suite #1009 482 EAST ALTAMONTE DR	32701 Altamonte Springs, FL
STD	BULECZA, JOHN T	Suite #1009 482 EAST ALTAMONTE DR	32701 Altamonte Springs, FL

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:

*[Signature]*

JOHN T. BULECZA (STD)

Date

12/2/02

Daytime Phone #

407-468-5812

CP2E081 (9/01)

16000movies.com inc  
482 e .altamonte dr #1009  
altamonte springs Fl, 32701

To Whom It May Concern:

I am just writing to let you know that I have not received the two prior uniform business report notices. I checked with the state and verified that the address was incorrect. I have adjusted the address and made it correct on the form. If you have any further questions, please do not hesitate to call me. (407)468-5812.

Sincerely,

A handwritten signature in black ink, appearing to read "John Bulecza". The signature is fluid and cursive, with the first name "John" and last name "Bulecza" clearly distinguishable.

John Bulecza  
16000Movies.com (s+o)  
Signing officer.