


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION RESTATEMENT
01/02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:55

DOCUMENT #

1. Corporation Name

P00000079787

CINEMA USA, INC

500005205005--6

-04/08/02--01051--001

****300.00 ****300.00

2. Principal Office Address

8888 Collins Ave

Suite, Apt. #, etc.

414

City & State

Surfside, FL

Zip

33154

Country

USA

3. Mailing Office Address

8888 Collins Ave

Suite, Apt. #, etc.

414

City & State

Surfside, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

65-1031352

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

KLOSENBERG, FRED

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

10211 PINES BLVD

Suite, Apt. #, Etc.

218

City

HOLLYWOOD

State

FL

Zip Code

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
PSD	MYLONAS, GEORGE	8888 Collins Ave	Surfside, FL, 33154
VTD	ROZA, NATALIE	8888 Collins Ave	Surfside, FL, 33154

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYLONAS GEORGE

03.20.02

Date

Daytime Phone #

(954) 6834304

CR2E081 (9/01)