

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 22 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115072

1. Corporation Name

UNITED THEATRES OF FL, INC.

2. Principal Office Address

501 N. Orlando Avenue

Suite, Apt. #, etc.

Unit 219

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

501 N. Orlando Avenue

Suite, Apt. #, etc.

Unit 219

City & State

Winter Park, FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

59-3647815

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

Charles R. Harrison

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

1413 Trovillion Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Charles R. Harrison
REGISTERED AGENT MUST SIGN

Date January 23, 2002

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/D	Charles J. Karabes	473 Cardinal Oaks Court	Lake Mary, Florida 32746
V	Jacqueline M. Weimar	473 Cardinal Oaks Court	Lake Mary, Florida 32746
S-T/D	Gayle D. Karabes	473 Cardinal Oaks Court	Lake Mary, Florida 32746

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:

Charles J. Karabes

Charles J. Karabes

January 23, 2002 407-647-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)