

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -6 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000035901**

1. Corporation Name

INTERNATIONAL Film & TV INC.

REINSTATEMENT-0206

2. Principal Office Address

1739 NW 16 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33125

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/04 01065 018 \$750.00

5. FEI Number

65-1091555

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

Heriberto Rivero Jr.

100081770491

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

1739 NW 16 St.

11/14/06--01065--018 **75.00

Suite, Apt. #, Etc.

MIAMI FL 33125

City

State

FL

Zip Code

33125

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]

Date **NOV 3, 06**

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
Pres.	Heriberto Rivero Jr.	1739 NW 16 St	MIAMI, FL 33125

100081770491
12/19/06--01065--018 **8.75

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

Heriberto Rivero Jr.

Date

NOV 3, 2006 305-325-1989

Daytime Phone #