

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000059829**

**1. Corporation Name**

TH-PICTURES, Inc.

**2. Principal Office Address**

2750 Old St. Augustine Rd.

Suite, Apt. #, etc.

N145

City & State

Tallahassee, FL

Zip

32301

Country

USA

**3. Mailing Office Address**

2750 Old St. Augustine Rd.

Suite, Apt. #, etc.

N145

City & State

Tallahassee, FL

Zip

32301

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 06/15/01

**5. FEI Number**  
N/AE

Applied For  
☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

**7. Name and Address of Current Registered Agent**

Name

Brendan G. Slattery

Street Address (P.O. Box Number is Not Acceptable)  
2750 Old St. Augustine Rd., N145

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code  
32301

100036192501  
05/12/04--01030--021 \*\*900.00

**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

*Brendan G. Slattery*  
REGISTERED AGENT MUST SIGN

Date 04/29/04

**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
DPS	Andrea Turchetto	12756 Moorpark St., #202	Studio City, FL 91604

**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:**

*Andrea Turchetto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

CR2E081 (01/04)