

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:00

DOCUMENT # 201000064612

1. Corporation Name

FATHOM FILMS ENTERTAINMENT, INC

2. Principal Office Address -

5001 S.W. 74TH COURT

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Office Address

5001 S.W. 74TH COURT

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33155

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/01

5. FEI Number

65-1145908

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

OMAR A. CHAVEZ JR

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

5001 SW 74th Court

Suite, Apt. #, Etc.

203

City

MIAMI

State

FL

Zip Code

33155

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

10/13/03

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
P	OMAR A. CHAVEZ JR.	5001 SW 74TH COURT #203	MIAMI, FL 33155

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 10/13/03

Date

✓ 305 742-4736

Daytime Phone #

CR2E061 (10/02)

282

October 13, 2003

Florida Department of State  
Division of Corporations  
Ms. Ruby Dunlap  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Fathom Films Entertainment, Inc.**  
**Document #P01000064612**  
**Corporate Reinstatement**

Dear Madam:

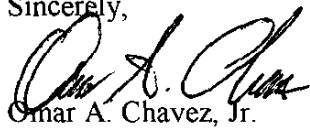
Enclosed find our Reinstatement Report and our check for \$300.00 for the filing fees for the year 2002 and 2003.

Please be advised that due to the change of mailing address, we never received the Uniform Business Reports in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our correct mailing address is: **5001 S.W/ 74<sup>th</sup> COURT**  
**SUITE 203**  
**MIAMI, FLORIDA 33155**

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Omar A. Chavez, Jr.  
President