

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
OFFICE OF STATE
DIVISION OF CORPORATIONS

2002/2003/2004/2005
05 JAN 27 PM 1:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000121221

1. Corporation Name

REAL FILMS, INC.

2. Principal Office Address

5001 HANDCOCK ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

5001 HANDCOCK ROAD

Suite, Apt. #, etc.

City & State

SW RANCHES FLORIDA

City & State

SW RANCHES FLORIDA

Zip

33330

Country

US

Zip

33330

Country

US

4. Date Incorporation or Qualification
To Do Business in Florida

5. FEI Number

43-1949782

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

JACQUELINE M. GASKINS

Street Address (P.O. Box Number is OK if Acceptable)

5001 HANDCOCK ROAD

Suite, Apt. #, Etc.

City

SW RANCHES

State

FL

Zip Code

33330

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

Edward C. Caponelli

Date

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 | JACQUELINE M. GASKINS | 5001 HANDCOCK ROAD | SW RANCHES, FL 33330 |
| VP | EDWARD C. CAPONELLI | 5001 HANDCOCK ROAD | SW RANCHES, FL 33330 |
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02/03/05-01008-028

**600.00

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 110.07(3)(b), 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:

Edward C. Caponelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2002, 2003, AND 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JACQUELINE M. GASKINS
PRESIDENT