

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000035972**

1. Corporation Name

**CRYING WIND FILMS, INC**

**REINSTATEMENT 02-04**

2. Principal Office Address

**3305 OLDE WHARF RUN**

Suite, Apt. #, etc.

3. Mailing Office Address

**3305 OLDE WHARF**

Suite, Apt. #, etc.

City & State

**WINTER PARK**

City & State

Zip

**32792**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**16 APR 2002**

5. FEI Number

**04-3637413**

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

**DISCO SAN ANDREAS**

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

**3305 OLDE WHARF RUN**

Suite, Apt. #, Etc.

City

**WINTER PARK**

State

**FL**

Zip Code

**32792**

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

**DISCO SAN ANDREAS**

REGISTERED AGENT MUST SIGN

Date

**12 FEB 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
P	ROBERT TUSCANI	3305 OLDE WHARF RUN	WINTER PARK
V	DISCO SAN ANDREAS	3305 OLDE WHARF RUN	FL
S	KATIE BRANDO	3305 OLDE WHARF RUN	32792

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:

**DISCO SAN ANDREAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12 FEB 04**

Daytime Phone #

**407.679-0100  
x1628**

**DISCO SAN ANDREAS**

Crying Wind Films, Inc.  
3305 Olde Wharf Run  
Winter Park Fl 32792

February 14, 2004

To Whom It May Concern,

I am requesting a waiver of the \$600 Reinstatement Fee. The reason for this is that I am responsible for filing this paperwork, but I was mobilized in February 2003 with the Florida National Guard. I have just recently returned and am just starting to catch up on all of my paper work. Enclosed with this letter are my mobilization orders. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Disco San Andreas". The signature is stylized with a large, looped initial "D" and a long, sweeping underline.

Disco San Andreas  
VP Crying Wind Films, Inc.

ENCLOSURE

ENCLOSURE

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