

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000038250**

1. Corporation Name

**1800POPCORN.COM, INC.**

Principal Place of Business

**500 BAY VIEW DRIVE  
SUNNY ISLES BEACH FL 33160**

Mailing Address

**500 BAY VIEW DRIVE  
SUNNY ISLES BEACH FL 33160**



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**500 BAYVIEW DRIVE**

Suite, Apt. #, etc.

**SUITE # 722**

City & State

**SUNNY ISLES BEACH, FL**

Zip

**33160**

Country

**U.S.A.**

3. New Mailing Office Address, If Applicable

**500 BAYVIEW DRIVE**

Suite, Apt. #, etc.

**SUITE # 722**

City & State

**SUNNY ISLES BEACH, FL**

Zip

**33160**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/09/2002**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>PSTD</b>	<b>BLACKSTONE, DAVID</b>	<b>500 BAY VIEW DRIVE</b>	<b>SUNNY ISLES BEACH FL 33160</b>

200023796812  
10/14/03--01085--022 \*\*150.00

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 13/03 (561)767-2676

Date

Daytime Phone #

CR2E040 (7/03)

OCT 13/03

FROM: DAVID BLACKSTONE

ATTN: REINSTATEMENT OFFICE OF CORPORATIONS

HELLO, I NEVER RECEIVED MY 1<sup>ST</sup> NOTICE OR STATEMENT DUE TO AN INCORRECT ADDRESS IN THE SYSTEM. I HAVE GIVEN THIS NOTIFICATION OF ADDRESS OVER THE PHONE TO AGENTS --- ON 2 OTHER OCCASSIONS THEY STILL FAIL TO PUT THE SUITE # 722 IN THE ADDRESS. FOR THIS REASON I WOULD LIKE YOU TO REINSTATE MY CORPORATION FOR THE NORMAL FEE OF \$150.00, THANK YOU!



DAVE BLACKSTONE

561-767-2676