

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

04 APR -9 AM 9:44

DOCUMENT # **P02000076190**

1. Corporation Name

MOSKINO FILMS CORPORATION

8/20/83 90056 011550
 2/3/03 90141 016 150⁰⁰

Principal Place of Business

Mailing Address

1021 IVES DAIRY ROAD
 SUITE 113
 NORTH MIAMI BEACH FL 33179

1021 IVES DAIRY ROAD
 SUITE 113
 NORTH MIAMI BEACH FL 33179

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

300032273003

04/09/04 01036-018 **200.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-2130654

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	IVANOVA, ALEKSANDRA	1021 IVES DAIRY ROAD #113	NORTH MIAMI BEACH FL 33179

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATRICK, MARTY ESQ.
 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154

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

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

4/6/04

Date

Daytime Phone #

CR2E040 (7/03)