

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 30 AM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100213

1. Corporation Name

D & R FILM WORKS, INC.

~~407-49723~~

2. Principal Office Address - No P.O. Box #

502 SW 158 TERR.

Suite, Apt. #, etc.

#203

City & State

PEMBROKE PINES, FL

Zip

33027

Country

3. Mailing Office Address

230 SEAMAN AVE.

Suite, Apt. #, etc.

3F

City & State

NEW YORK, NY

Zip

10034

Country

REINSTATEMENT

06-07

10/02/07 CR2E081 (1/07)
01010 021 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2002

5. FEI Number

04-3712844

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

ANDREZ DIAZ

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

502 SW 158 TERR.

Suite, Apt. #, Etc.

#203

City

PEMBROKE PINES

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Andrez Diaz
REGISTERED AGENT MUST SIGN

Date

10.10.07

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	ANDRES DIAZ	230 SEAMAN AVE., #3E	NEW YORK, NY 10034
VP	DEENA RUDO-DIAZ	230 SEAMAN AVE., #3F	NEW YORK, NY 10034
D	ERNIES ALEMAIS	1795 RIVERSIDE DR., #3F	NEW YORK, NY 10034

200112087802
11/07/07--01059--018 **150.00

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 contained in Chapter 119, 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:

Deena Rudd-Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.10.07

Daytime Phone #

917-915-6591

11/5/07