

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 29 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

DOCUMENT # P03000038453

1. Corporation Name

MCPHANTON MOVING PICTURES, INC

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

20118 SW 129 COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33177

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2004

5. FEI Number

☒ 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
ANTONIO D. PENARANDA

Street Address (P.O. Box Number is Not Acceptable)
20118 SW 129 COURT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33177

☒ 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

Date **12/15/2007**

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
D-P	CLINTON CASH	9360 MARTINIQUE AVE	MIAMI, FL 33189
D-VP	MAURO PEREZ	4540 NW 79 AVE	MIAMI, FL 33166
D-S&T	ANTONIO D. PENARANDA	20118 SW 129 COURT	MIAMI, FL 33177

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03/12/08--01005--023 **1200.00

REINSTATEMENT
0804-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLINTON CASH-PRESIDENT 12/15/2007

Date

Daytime Phone #