

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

*[Handwritten Signature]*

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**  
*[Handwritten]* 04-08

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:

*[Handwritten Signature]*

CLINTON CASH-PRESIDENT 12/15/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #