

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 2:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000041592

1. Corporation Name

THE SALERNO THEATRE CO., INC.

2. Principal Office Address

12902 COMMODITY PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33626

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/2003

5. FEI Number

010777881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL C. MATHEWS

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

12902 COMMODITY PLACE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

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

[Signature]

Date

1/24/06

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
P	MICHAEL MATHEWS	12902 COMMODITY PLACE	TAMPA, FL 33626

REINSTATEMENT

04/06

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] MICHAEL MATHEWS

Date

1/24/06

Daytime Phone #

813-299-0659



January 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: REINSTATEMENT DEPT.

Dear Sirs:

I am writing this correspondence following a telephone conversation with one of your representatives concerning our company, THE SALERNO THEATRE CO., INC. (Document # P03000041592), which had been administratively dissolved on 10/01/04 due to the lack of Annual Business Report filing.

Our company did not receive an Annual Business Report in 2004. Please letter serve as notification to that effect. Therefore, we request that the reinstatement fee for our corporation be waived.

Enclosed, please find our completed reinstatement application, along with check #719 in the amount of \$458.75 (for Annual Report Fees for 2003-2006 and a Certificate of Status).

Should you have any questions, please feel free to contact me. Thank you for your assistance with this matter.

Best personal regards,

Mike Mathews
President/ Director
The Salerno Theatre Co., Inc.

The Salerno Theatre Co., Inc.

Administrative Offices
12902 Commodity Place, Tampa, FL 33626
Phone (813) 926-9175 . Fax (813) 887-1832
www.SalernoTheatre.com