

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

FILED

07 MAR -7 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000091969

1. Corporation Name

CINEMA CENTER, CORP.

900092349169
03/13/07--01018--001 **300.00

2. Principal Office Address

7570 NW 14TH ST

Suite, Apt. #, etc.

Suite 112

City & State

Miami FL

Zip

33126

Country

US

3. Mailing Office Address

P.O. Box 164012

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33116

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/05

5. FEI Number

20-3145097

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

Jaime A. Sanchez

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

7570 NW 14TH ST

Suite, Apt. #, Etc.

Suite 112

City

Miami

State

FL

Zip Code

33126

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

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	Jaime A. Sanchez	P.O. Box 164012	Miami FL 33116
VP	Carlos Tejeda	PO Box 164012	Miami FL 33116

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. Mitchell MAR 8 2007

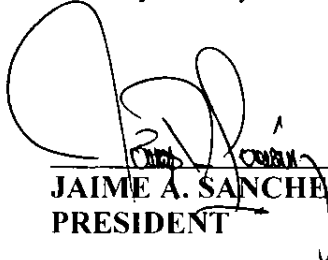
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2006-2007 or any other notice from the Division of Corporations in respect with the Corporation **CINEMA CENTER, CORP.**

Thank you for your courtesy in this matter.



JAIME A. SANCHEZ
PRESIDENT