PLEASE READ A	ALL INST	BUCTIONS	BEFORE C	OMPLET	ING THIS FORM	 M
APPLICATION FOR REINSTATEMENT	Sandra B. Mortha Secretary of Stat		NT OF STATE  rtham  State		FILED	
DOCUMENT # P12689 (6)				98 APR 30 PH 3: 22		
1. Corporation Name Plitt Theatres, Inc.				SECHLER AND STATE TALLAHOS EL TLORIDA		
Principal Place of Business Mailing Address 1303 Yonge Street 1303 Yonge Street						
Toronto Ontario Canada Toronto Ontario Canada M4T 2Y9 M4T 2Y9 If above addresses are incorrect in any way, line through incorrect information and enter correction belo				700002511377 a -05/05/9801105009		
New Principal Office Address If Applicable     Suite, Apt. #, etc.	etc.			Incorporated or Qualified 12/29/1996		
City & State City & State				36 - 2794628 Applied For Not Applica		Applied For Not Applicable
7. Names and Street Addresses of Each Officer and 7	Zip	Countr		CERTIFICATE	OF STATUS DESIRED .	8.75 Additional Fee required for a Certificate of Status
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers			City /	State / Zip
PD & CEO Allen Karp	1303 Yonge Street			Toronto ON Canada M4T 2Y9		
Exec. VP Robert Tokio	1303 Yonge Street			Toronto ON Canada M4T 2Y9		
VP & CDO Ellis Jacob	1303 Yonge Street			Toronto ON CanadaM4T 2Y9		
S Michael Herman	1303 Yonge Street			Toronto ON Canada M4T 2Y9		
VP & CFO Steve Brown	1303 Yonge Street			Toronto ON Canada 1417 279		
8. Name and Address of Current R	egistered Age	nt DE	MOTAT	9 Name and A	ddress of New Registered	j Agent
CT Corporation Syste	Street Address (P.)	EMEN O Box Number i	97-9 is Not Acceptable)	§ 8		
1200 S. Pine Island Road Plantation FL 33324			Suite, Apt. #, Etc.			
			City		) Stat	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date H30.198  REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No Intangible 1 (See other side for information on intangible tax.)						
12. 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 filling 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 under section 119.07(3)(i), 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 PRINT	TED NAME OF S	Stava Broa		April 29,	<del></del>	3-5500 Daytime Phone #

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