

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 19 AM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9930000 76289

1. Corporation Name

ASCENDING FILMS INC.

Principal Place of Business

Mailing Address

**2200 LUCIEN WAY SUITE 450 2200 LUCIEN WAY, SUITE 450
MAITLAND, FLORIDA 32751 MAITLAND, FLORIDA 32751**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3217642

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	Paul Williams	990 Hanley Avenue	Los Angeles, California 90049
V.D.	John Radsett	5401 S Kirkman Road # 515	Orlando, Florida 32819
S.D.	Alyssa Rohdie	5401 S Kirkman Road # 515	Orlando, Florida 32819
T.D.	Adam Rohdie	5401 S Kirkman Road # 515	Orlando, Florida 32819

REINSTATEMENT 96-97 AL

8. Name and Address of Current Registered Agent

**Jill A Darling
5401 S Kirkman Road # 515
Orlando, Florida 32819**

9. Name and Address of New Registered Agent

Name

6-20-97

Street Address (P.O. Box Number is not acceptable)

300002220695--2

Suite, Apt. #, Etc.

-06/24/97--01002--016
***\$15.00 ***\$15.00

City

State
FL

Zip Code

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

Jill A. Darling

REGISTERED AGENT MUST SIGN

Date 6/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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 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 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:

Alyssa Rohdie

Alyssa Rohdie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/97

Date

407-248-0110

Daytime Phone #

CR2E040 (1/2/96)