

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OF
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
HALLMARK
Secretary of State
DIVISION OF CORPORATIONS

90 JUL 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001562**

1. Corporation Name

ARAGON FILMS, INC.

Principal Place of Business

Mailing Address

(same)

**930 Washington Ave.
Suite 209
Miami Beach, FL 33139**

**800002936188--0
-07/20/99--01054--001
****300.00 ****300.00**

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

~~930 Washington Ave
Suite, Apt. #, Etc.
City & State~~

~~930 Washington Ave
Suite, Apt. #, Etc.
City & State~~

**Miami Beach, FL
33139 USA**

**Miami Beach, FL
33139 USA**

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/94

5. FEI Number

65-0458827

Applied For

Not Applicable

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
PD	JAY ROTHLEIN	930 Washington Ave., #209	Miami Beach, FL 33139
SD	BARBARA MARTIN-CORDLE	9300 SW 46 Terr	Miami, FL 33165

8. Name and Address of Current Registered Agent

**DORA R. GOMEZ
930 Washington Avenue, Ste. 209
Miami Beach, FL 33139**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/14/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

7/14/99 (305) 532-2250

CR2E081 (12/98)

LAW OFFICE OF
JAY ROTHLEIN

NATIONSHARK • SUITE 200
610 WASHINGTON AVENUE
MIAMI BEACH, FLORIDA 33139

TEL: (305) 534-2250

FAX: (305) 534-8813

July 14, 1999

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: ARAGON FILMS, INC.
Document Number: P94000001562

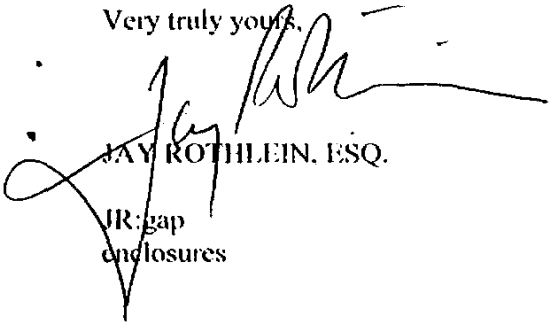
Dear Sir/Madam:

As per our telecon with the Reinstatement Division, we were informed that the Renewal Form package of ARAGON FILMS, INC. was returned to the Division of Corporations, and therefore in order to reinstate this corporation your Reinstatement Fee requirement is being waived.

In order to get this corporation current and active and pursuant to the figures given to us by the Reinstatement Division, I have enclosed a check in the amount of \$300.00 (Annual Report Fee of \$61.25 x 2 and Corporate Supplemental Fee of \$88.75 x 2) to cover your fees for reinstatement of ARAGON FILMS, INC.

Thank you for your immediate attention to this matter.

Very truly yours,



JAY ROTHLEIN, ESQ.

JR:gap
enclosures