

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 22588

1. Corporation Name

American Film Group Inc.

2. Principal Office Address

511 NE 94 Street

Suite, Apt. #, etc.

City & State

Miami Shores Florida

Zip

33138

Country

USA

3. Mailing Office Address

511 NE 94 Street

Suite, Apt. #, etc.

City & State

Miami Shores Florida

Zip

33138

Country

USA

REINSTATEMENT 96-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-21-94

5. FEI Number

65-0526836

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

Stuart Cooper

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

511 NE 94 Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

11/3/00

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
President	Stuart D. Cooper	511 NE 94 Street	Miami Shores, Florida 33138
Secy Treasurer	Charles Scheuerman	PO Box 23835	Ft. Lauderdale, FL 33307

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/00

Daytime Phone #

305 783 7738