

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 24 AM 10:31

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000065538**

IMAX COMMUNICATIONS, INC.
620 South Park Road, # 235
Hollywood, FL 33021

2. If Address in Block 65 (reported in any way, enter the correct address below. This block of the corporation can be changed only by filing an amendment.)

Oakwood Business Center

Address

One Oakwood Blvd., Suite 200

Address

City and State

Hollywood, Florida

Zip Code

33020

3. Date Incorporated or Qualified To Do Business in Florida

August 23, 1995

4. FEI Number

65-0584574

FEI Number Applied For

FEI Number Not Applicable

5. \$875 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
T/D/ Pres.	Edward K. Moffly	Oakwood Business Center One Oakwood Blvd., #200	Hollywood, Florida 33020
VP/D	Noah Kamrat	Oakwood Business Center One Oakwood Blvd., #200	Hollywood, Florida 33020
			800003071088--5 -12/15/99--01054--023 ***1200.00 ***1200.00
			REINSTATEMENT 96-99
			176

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Edward Moffly
620 South Park Road, #235
Hollywood, Florida 33021

8. Name and Address of New Registered Agent and/or Office

Name

Mark A. Marder

Street Address (Do NOT Use P.O. Box Number)

9400 S. Dadeland Blvd., PH 5

Street Address (Do NOT Use P.O. Box Number)

City and State

Miami

FL

Zip

33156

9. 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

REGISTERED AGENT MUST SIGN

Date

11/19/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all taxes owed by the corporation have been paid. 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 of Officer or Director

EKR

Pres

Date

11/19/99

Daytime Phone #

954-565-2818

Typed or printed name of signing officer or director

TOTAL P. 02