

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 19 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058642

1. Corporation Name

CONTINENTAL FILM CORPORATION

2. Principal Office Address

7533 West Treasure Dr.

Suite, Apt. #, etc.

City & State

North Bay Village, FL.

Zip

33141

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1996

5. FEI Number

5-0695490

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

ADIMIR HASS

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

7533 West Treasure Dr.

Suite, Apt. #, Etc.

City

North Bay Village

State  
FL

Zip Code  
33141

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

REGISTERED AGENT MUST SIGN

Date 9-18-00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|--------|--------------------------------------|---|------------------------------|
| DP     | ADIMIR HASS                          | 7533 West Treasure Dr.                            | North Bay Village, FL. 33141 |
| DS     | ADILSON A. CARVALHO                  | 7533 West Treasure Dr.                            | North Bay Village, FL.       |
|        |                                      |   |                              |
|        |                                      |   |                              |
|        |                                      |   |                              |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adilson Alves Louvelto

9-18-00

Date

(305) 868-1516

Daytime Phone #