

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 20 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # P97000026186

1. Corporation Name

SANDHILL CRANE FILM CORPORATION

2. Principal Office Address

2201 SE 41st Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL 32641

Zip
32641

Country
USA

3. Mailing Office Address

P.O. Box 142602

Suite, Apt. #, etc.

City & State

Gainesville, FL 32614

Zip
32614

Country
USA

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

3/24/1997

5. FEI Number

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

Leslie M. Gaines

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

2201 SE 41st Avenue

Suite, Apt. #, Etc.

City

Gainesville, FL

State
FL

Zip Code
32641

REINSTATEMENT

98-01
[Signature]

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]

REGISTERED AGENT MUST SIGN

Date **4/19/01**

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
D	Leslie M Gaines	2201 SE 41st Avenue	Gainesville, FL 32641
			800004078048--0
			-04/25/01--01084--021
			***1200.00 ***1200.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

CR2E081 (9/00)