

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN -3 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049649

1. Corporation Name

EX ANIMO PICTURES & PRODUCTION, INC.

Principal Place of Business

Mailing Address

~~9631 SW 85 STREET~~  
~~MIAMI FL 33173~~

~~9631 SW 85 STREET~~ 1550 Madruga Ave.  
~~MIAMI FL 33173~~ Suite 240  
Coral Gables, FL  
33146

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33146

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1997

5. FEI Number

65-0768183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
D	FERNANDEZ, MANUEL A	<del>9631 SW 85 STREET</del> 11969 SW 92 ST.	MIAMI FL <del>33173</del> 33186

600003095486--5  
-01/12/00--01013-010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLLER, NEALE J  
STUZIN AND GAMNER, P.A.  
550 BILTMORE WAY #700  
CORAL GABLES FL 33134

Name

MANUEL A. FERNANDEZ

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

2520 S.W. 59TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12-27-99

11. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 30, 1999

Date

Daytime Phone #

KE

305-662-7813