


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000061641 1. Entity Name THOENNES PICTURES, INC.	
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FILED
06 JUL -6 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17 N.W. 36TH STREET MIAMI, FL 33137	Mailing Address P.O. BOX 370730 MIAMI, FL 33137
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2. Principal Place of Business 17 N.W. 36 th STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 370730 Suite, Apt. #, etc.
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05252006 REIN-P CR2E098 11/08-06

City & State MIAMI, FL 33137 Zip USA	City & State MIAMI, FL 33137 Zip USA
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4. FEI Number 65-0871320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOENNES, CLAUDIA 2655 COLLINS AVE. #701 MIAMI BEACH, FL 33140	7. Name and Address of New Registered Agent Name: <u>Thoennes, Michael</u> Street Address (P.O. Box Number is Not Acceptable): <u>2655 Collins Ave. #701</u> City: <u>MIAMI BEACH</u> FL Zip Code: <u>33140</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] Michael Thoennes, President DATE: 6/29/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	TITLE	
NAME	THOENNES, MICHAEL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2655 COLLINS AVE. #701	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOENNES, CLAUDIA G	NAME	
STREET ADDRESS	2655 COLLINS AVE. #701	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] CLAUDIA THOENNES Date: 6/29/06 Daytime Phone #: (786) 269-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR