## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARAMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT #**

## P97000099278

1. Corporation Name

FILM DELIVERY SERVICE, INC.

Principal Place of Business

Mailing Address

3105 W AZEELE ST TAMPA FL 33629 PO BOX 18412 TAMPA FL 33679

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

02 NOV 21 AM 10: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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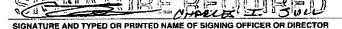
Principorated or Qualified Do Business in Florida  11/19/1997  Number  59-3480724  Applied For Not Applicable Status DESIRED Status Corns  City / State / Zip  TAMPA FL 33679
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me and Address of New Registered Agent
Number is Not Acceptable)  THILE ST.  State   Zip Code   FL 33469
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Signature of Registered Agent SIGNATURE REGISTERED AGENT MUST SIGN

Date \_\_ s/se /se

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 filling 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:



PROSIDENT

10/19/12 813 998-66 M

Daytime Phone #

CR2E040 (8/02)