

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099278

1. Corporation Name

FILM DELIVERY SERVICE, INC.

Principal Place of Business

3105 W AZEEL ST
TAMPA FL 33629

Mailing Address

PO BOX 18412
TAMPA FL 33679

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

2. New Principal Office Address, If Applicable

3003 W. AZEEL ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

Country

33609

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1997

5. FEI Number

59-3480724

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

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
DP	SULL, CHARLES I	PO BOX 18412 N/A	TAMPA FL 33679
DP	SULL, CHARLES I	PO BOX 18412 N/A	TAMPA FL 33679
V	VASQUEZ, JOSE	PO BOX 15065	TAMPA FL 33684

8. Name and Address of Current Registered Agent

SULL, CHARLES I
3825 HENDERSON BLVD., SUITE 400B
TAMPA, FL FL

9. Name and Address of New Registered Agent

Name

CHARLES I. SULL

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

3003 W. AZEEL ST.

Suite, Apt. #, Etc.

FL

City

Tampa

State

FL

Zip Code

33609

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/19/97

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 indicated 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

CHARLES I. SULL

10/19/02

Date

813 998-0600

Daytime Phone #

CR2E040 (8/02)