

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000103046**
1. Corporation Name
CINECOM ENTERTAINMENT CORPORATION

Principal Place of Business Mailing Address
2660 WEST S.R. 434 2660 WEST S.R. 434
LONGWOOD FL 32779 LONGWOOD FL 32779

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



593545389

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 12/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>593545389</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ARMSTRONG, PATRICK	1101 N. LAKE DESTINY RD., SUITE	MAITLAND FL 32751
D	HURLBUT, PATRICIA J	2660 WEST S.R. 434	LONGWOOD FL 32779
D	BALDRIDGE, JAMES E	800 N. MAGNOLIA AVE., SUITE 1015	ORLANDO FL 32801
D	WHEELER, RICHARD A SR.	1147 BRANTLEY ESTATES DRIVE	ALTAMONTE SPRINGS FL 32714
		<i>No longer a Director</i>	
			<i>B. 12/29/98 AR</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MANN, KENNETH L 105 E. ROBINSON STREET SUITE 540 ORLANDO FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: *11/15/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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)(f), 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]* *11/18/98* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)