

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 APR 19 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107784

1. Corporation Name

FILMSTART, INC.

Principal Place of Business

Mailing Address

6355 METRO WEST BLVD. STE 200  
ORLANDO FL 32805

6355 METRO WEST BLVD. STE 200  
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

1208 Roscomare Ave.

3. New Mailing Office Address, If Applicable

1208 Roscomare Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32806

Country

United States

Zip

32806

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1997

5. FEI Number

59-3483366

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	<del>COWIE, ROBIN G</del>	<del>1525 E. ROBINSON ST.</del>	<del>ORLANDO FL 32801</del>
P	Cowie, Robin G.	1208 Roscomare Ave.	Orlando, FL 32806
V	Cowie, Sarah C.	1208 Roscomare Ave.	Orlando, FL 32806
			400004287454--1 -05/22/01--01074--021 ***\$300.00 ***\$300.00

8. Name and Address of Current Registered Agent

COWIE, ROBIN G  
1525 E. ROBINSON ST.  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name Cowie, Sarah C.  
Street Address (P.O. Box Number is Not Acceptable)  
1208 Roscomare Ave.  
Suite, Apt. #, Etc.  
City Orlando State FL Zip Code 32806

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

Sarah Cowie  
REGISTERED AGENT MUST SIGN

Date 3-22-01

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:

Sarah Cowie  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

3-22-01 407-8916440

CR2E040 (8/00)