

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -1 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100419

1. Corporation Name
MOV/COMM CORP.

Principal Place of Business Mailing Address
3350 N.E. 192 STREET -3350 N.E. 192 STREET
BUILDING B - UNIT 1-C BUILDING B - UNIT 1-C
AVENTURA FL 33180 AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable P.O. BOX 630295
Suite, Apt. #, etc.
City & State MIAMI, FLA
Zip 33163 Country USA

3. New Mailing Office Address, If Applicable P.O. BOX 630295
Suite, Apt. #, etc.
City & State MIAMI, FLA
Zip 33163 Country USA

REINSTATEMENT 990

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1998

5. FEI Number 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SABAN, EZRA	3350 N.E. 192 STREET BLDG. B UN	AVENTURA FL 33180

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SABAN, EZRA 3350 N.E. 192 STREET BUILDING B - UNIT 1-C AVENTURA FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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]* REGISTERED AGENT MUST SIGN Date Oct 18th 1999

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]* KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oct-18-1999 Daytime Phone # 205-792-5598