

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 APR 25 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088255

1. Corporation Name

Club Cinema Inc.

REINSTATEMENT 00-02

01-31-01 90198 047 \$ 750.00

2. Principal Office Address

3251 N. Federal Hwy

3. Mailing Office Address

3251 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Fl.

City & State

Pompano Beach, Fl.

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-06-99

5. FEI Number  
65-098-1811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Marie Grace Frontera

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

2330 North Ocean Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Marie Grace Frontera*

REGISTERED AGENT MUST SIGN

Date 04/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marie Grace Frontera	2330 N. Ocean Drive	Boca Raton, Florida 33431

10. 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:

*Marie Grace Frontera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02 561-445-2539

Date

Daytime Phone #

CR2E081 (9/01)