


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P990000099732

1. Corporation Name

HANGAR FILMS, INC.

FILED

00 NOV 20 PH 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9900 S.W. 88TH STREET  
#K205  
MIAMI FL 33176

Mailing Address

9900 S.W. 88TH STREET  
#K205  
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

6230 NW 173 ST  
Suite, Apt. #, etc.  
911

City & State  
MIAMI FL

Zip 33015 Country

3. New Mailing Office Address, If Applicable

6230 N.W. 173 ST  
Suite, Apt. #, etc.  
911

City & State  
MIAMI FL

Zip 33015 Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number

65-0964689-

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
PSD	ARISTIZABAL, MAURICIO	9900 S.W. 88TH STREET	MIAMI FL 33176

7000003506627--6  
-12/20/00--01017--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ARISTIZABAL, MAURICIO  
9900 S.W. 88TH STREET  
#K205  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

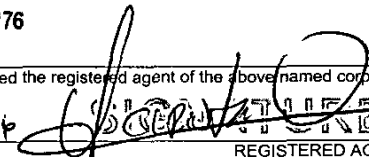
City

State  
FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Nov - 13/01

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:

  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/01 (301) 698-6983