

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:45



DOCUMENT # PG9000101809  
1. Corporation Name  
DS THEATRE, INC.

2. Principal Office Address <u>FLORIDA THEATRE</u> Suite, Apt. #, etc. <u>233 WEST UNIVERSITY AVE.</u> City & State <u>GAINESVILLE</u> Zip <u>32601</u> Country <u>ALACHUA</u>		3. Mailing Office Address <u>FLORIDA THEATRE</u> Suite, Apt. #, etc. <u>233 WEST UNIVERSITY AVE.</u> City & State <u>GAINESVILLE FLORIDA</u> Zip <u>32601</u> Country <u>ALACHUA</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>11/18/99</u>	
5. FEI Number <u>59-360 9191</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>John C. Drawdy</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2111 SW 122nd AVE</u>	
Suite, Apt. #, Etc. 	
City <u>Gainesville</u>	State <u>FL</u> Zip Code <u>32607</u>

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 [Signature] Date 5/1/01

REGISTERED AGENT MUST SIGN

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
<u>S/M</u>	<u>Kathy M. Funk</u>	<u>2111 SW 122nd St.</u>	<u>Gainesville, FL 32607</u>

800004494298  
-07/24/01--01095--017  
\*\*\*\*300.00 \*\*\*\*300.00

SP

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: Kathy M. Funk Date 5/1/01 Daytime Phone # 352-213-2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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May 2, 2001

Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

As requested by your office, we our writing in regards to a request to wave the corporation reinstatement fee. Please accept our request on the grounds that we did not receive a notice in the mail that our corporation was up for renewal. The office of the ABT made the Florida Theatre aware of this situation, so we have put the proper paperwork and payments in motion. Please accept our payment of \$300.00 for the reinstatement of our corporation. If you have any concerns please contact our office at any time. Thank you.

DS Theatre  
233 West University Avenue  
Gainesville, Florida 32601  
Office 352-375-7361  
Fax 352-377-5886

PLEASE ACCEPT THIS REQUEST FOR  
REINSTATEMENT OF OUR CORPORATION, WITH  
THE 300 Fee. DO TOTHE SUMMER MONTHS  
WE HAVE NOT BEEN OPEN & IMPORTANT MAIL GOT  
COMBINED WITH ALL THE "JUNK" MAIL. I THOUGHT  
WE WERE CURRENT WITH ALL DOCUMENTS. THANK YOU,  
ERIC RINNE  
GM FLORIDA  
THEATRE