

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -8 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70997**

1. Corporation Name

Topic Film Inc. USA
6040 LA Gorce Drive
Miami Beach FL 3340-2117 **W97-19261**

Principal Place of Business

Mailing Address

6040 LA Gorce Drive
Miami Beach FL 3340-2117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10-14-92

5. FEI Number

65-0313168

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Andres Brutsch	c/o Topic Film AG Leutschbachstrasse 48	8050 Zurich Switzerland
S	Conny Levenberger	c/o Topic Film AG Leutschbachstrasse 48	8050 Zurich Switzerland

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-03/11797--01094--008
*****1245.00 ***1245.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Charles Kaufman

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

21021 Woodspang Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Charles Kaufman
REGISTERED AGENT MUST SIGN

Date

8-30-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Brutsch

Date

8/27/97 759-4288
Daytime Phone #

CR2040 (12/95)