

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L02000022726  
Name and Mailing Address

0006985 01 AT 0.292 \*\*AUTO T7 0 0615 33161-740200  
36MM FILMS, LLC  
10800 BISCAYNE BLVD., STE. 800  
MIAMI FL 33161-7402



5/24

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 10800 BISCAYNE BLVD., STE. 800 MIAMI FL 33161		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent BERKOWITZ, RICHARD A 200 SOUTH BISCAYNE BLVD., STE. 600 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of Registered Agent *Richard A. Berkowitz* Date *5/6/04*  
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	RICHARD A BERKOWITZ	200 S BISCAYNE BLVD MIAMI FL 33131	MIAMI FL 33131 20035831-172 04--01110--001 **200.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Richard A. Berkowitz* Date *5/6/04* Daytime Phone # *(305) 899-3002*  
Typed or printed name of signing Managing Member/Manager