

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000004317**

1. Corporation Name
EASTWYNN THEATRES, INC.

FILED
 97 NOV 17 PM 1:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 97

Principal Place of Business
 P.O. BOX 391
 COLUMBUS GA 31902-0391

Mailing Address
 P.O. BOX 391
 COLUMBUS GA 31902-0391

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

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
09/05/1995

5. FEI Number
58-2184195

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
PD	PATRICK, MICHAEL W	1301 FIRST AVENUE	COLUMBUS GA
VTD	BARWICK III, JOHN O	1301 FIRST AVENUE	COLUMBUS GA
SD	ADAMS, LARRY M	1301 FIRST AVENUE	COLUMBUS GA
SD	ADAMS, LARRY M	1301 FIRST AVENUE	COLUMBUS GA
D	FIELDS, LAMAR	1301 FIRST AVENUE	COLUMBUS GA
D	VAN NOY, FRED	1301 FIRST AVENUE	COLUMBUS GA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
500002352165--G
 Suite, Apt. #, Etc.
-11/19/97-01089-020
 City
******750.00** State **FL** Zip Code ******750.00**

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

PETER F. SOUZA
 ASSISTANT SECRETARY
 HIS REGISTERED AGENT MUST SIGN

Date **11/10/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

10-28-97 **706-576-3400**
 Date Daytime Phone #

CP20E040 (8/97)