

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # F95000004317**

1. Corporation Name

**EASTWYNN THEATRES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 391  
COLUMBUS GA 31902-0391

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
00 OCT 23 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT**

*OO*

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

5. FEI Number **58-2184195** 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
PD	PATRICK, MICHAEL W	1301 FIRST AVENUE	COLUMBUS GA
VTD	BARWICK III, JOHN O Durant, Martin	1301 FIRST AVENUE	COLUMBUS GA
SD	ADAMS, LARRY M Rhead, Anthony J.	1301 FIRST AVENUE	COLUMBUS GA
<del>SD</del>	<del>ADAMS, LARRY M</del>	<del>1301 FIRST AVENUE</del>	<del>COLUMBUS GA</del>
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

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

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number Not Applicable) \_\_\_\_\_

Suite, Apt. #, Etc. **800003457488-1**

City **FL**

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* PETER F. SOUZA  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

*10/19/00*

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  
*Martin Durant SVP, CFO*

Date *10-16-00*

Daytime Phone # *(704) 576-3400*

**KE**

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