

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 1:29

DOCUMENT # **J29640**

1. Corporation Name

FJM PRODUCTIONS, INC.

Principal Place of Business

7305 W. SAMPLE RD.
SUITE 101
CORAL SPRINGS FL 33065

Mailing Address

7305 W. SAMPLE RD.
SUITE 101
CORAL SPRINGS FL 33065



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

08/20/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2720670

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	MONTILLA, FERNANDO J JR	2400 N.W. 114TH AVENUE 7811 S. Woodridge Drive	CORAL SPRINGS FL Parkland FL 33067
V	MONTILLA, TRACY	2400 N.W. 114TH AVENUE 7811 S. Woodridge Drive	CORAL SPRINGS FL Parkland, FL 33067
			200004700822--0 -11/30/01--01070--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARCUS, IRA
888 E LAS OLAS BLVD
SUITE 710
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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]
REGISTERED AGENT MUST SIGN

Date

08/31/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01 954-753-8591

Daytime Phone #

CR2E040 (901)