

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVAL AND FILE

03 OCT 13 PM 4:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02000008505**

1. Corporation Name

RATTLE THE CAGE PRODUCTIONS INC.

REINSTATEMENT 2003



400023758694
 10/13/03--01085--011 **236.25

Principal Place of Business

620 SW 16TH STREET
 FORT LAUDERDALE FL 33315

Mailing Address

620 SW 16TH STREET
 FORT LAUDERDALE FL 33315

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/05/2002	
City & State		City & State		5. FEI Number	
Zip		Zip		42-1563897	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
P/D	GORSKI, TIMOTHY M	620 SW 16TH STREET	FORT LAUDERDALE FL 33315
D	Valerie Silidker	8061 SW 20th Place	Davie, FL 33324
D	Alyssa Shannon	2501 NE 11th St. Apt C	Fort Lauderdale, FL 33304

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GORSKI, TIMOTHY M 620 SW 16TH STREET FORT LAUDERDALE FL 33315		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: 10/06/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/06/03 Daytime Phone #

CR2E040 (7/03)