

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000060422**

1. Corporation Name

White River Productions, Inc.

2. Principal Office Address

2205 Clarcona Rd.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

Orange

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8-25-93

5. FEI Number

59 3201580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Michael Safier

Street Address (P.O. Box Number is Not Acceptable)

2205 Clarcona Rd.

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code

32703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-7-03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Beverly Safier	2205 Clarcona Rd.	Apopka, FL 32703
v.p	Michael Safier	"	"
SO	Teresa Myerscough	2209 Clarcona Rd.	"

10. 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

Daytime Phone #

2/20

12-19-02

Dear Sir:

Please accept my check for \$150.00
for my corporation. We have had address
changes by the county that have
~~resulted in us not getting our mail.~~

Thank you.

Beverly Supier