

H98000017910 4

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000043817**

1. Corporation Name

Casmos Productions, Inc.

Principal Place of Business

Mailing Address

**same 12470 SW 106 Terr
Miami FL 33186**

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

State, Apt #, etc.

State, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06-07-1995

5. FEI Number

65-0587946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 73: Additional Fee required for 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
Pres	John Nicholas	same	same
VP	Berry Schueer	616 W 51st	MB, FL 33140

REINSTATEMENT 96-98
52 9-28-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Barrington Schueer
616 W 51st
MB, FL 33140**

Name **Barrington Schueer**
Street Address (P.O. Box Number is Not Acceptable)
616 W 51st
State, Apt #, Etc.
City **MB, FL 33140**

State **FL** Zip Code **33140**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

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)(c), 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 #

Prepared by: **Schueer Barrington 616 West 51th Miami Beach, FL 33140 (305)534-9292**

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Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

COSMOS PRODUCTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,088.75