

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT 14 AM 8:00

DOCUMENT # **P98000100480**

1. Corporation Name

STORM SURGE PRODUCTIONS, INC.

REINSTATEMENT *03*



MRS

Principal Place of Business

Mailing Address

3910 W. SAN PEDRO ST
 TAMPA FL 33629

3910 W. SAN PEDRO ST
 TAMPA FL 33629

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3805 W. Obispo St.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3805 W. Obispo St.
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1998

5. FEI Number

59-3545362

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

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
D	DORSEY, TIMOTHY A	6810 W. SAN PEDRO ST	TAMPA FL 33629
D	DORSEY, TIMOTHY A	3805 W. OBISPO ST.	TAMPA, FL 33629
			800023788938 10/14/03--01029--020 **150.00

8. Name and Address of Current Registered Agent

DORSEY, TIMOTHY A
 3910 W. SAN PEDRO ST
 TAMPA FL 33629

9. Name and Address of New Registered Agent

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

Timothy A Dorsey
 REGISTERED AGENT MUST SIGN

Date **Oct. 9, 2003**

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: *Timothy A Dorsey* **Timothy A. Dorsey** 10/9/03 813-835-8345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

October 9, 2003

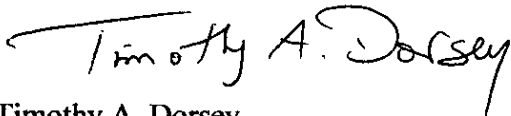
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Division of Corporations Representative,

This letter is requesting that the reinstatement fee for Storm Surge Productions, Inc., be waived.

The corporation did not receive the annual report form nor any uniform business report (UBR) notices. Thank you for your consideration in this matter.

Respectfully,



Timothy A. Dorsey
Director
Storm Surge Productions, Inc.
(Phone: 813-835-8345)
(Address: 3805 W. Obispo Street, Tampa, FL 33629)
(E-mail: tdorsey1@tampabay.rr.com)