

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

03 NOV 13 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090404

1. Corporation Name

GENEVA PRODUCTIONS, INC.

Principal Place of Business

165 N. JUNGLE RD.
GENEVA FL 32732

Mailing Address

P.O. BOX 1465
GENEVA FL 32732



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2001

5. FEI Number

59-3746964

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SLEEMAN, FRANK P	165 N. JUNGLE RD.	GENEVA FL 32732
DPS	RILEY, CONSTANCE I	165 N. JUNGLE RD.	GENEVA FL 32732

800024637038

11/13/03--01044--021 **750.00

8. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

Miller, South, Milhausen & Carr, P.A.

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

Same

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-6-03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03

Date

407 349 9947

Daytime Phone #

CP2E040 (7/03)