

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F05000001889**

1. Corporation Name

Moonman Productions Inc.
1515 Broadway
New York, New York 10036

2. Principal Office Address - No P.O. Box #

1515 Broadway, New York, NY 10036
Suite, Apt. #, etc.

3. Mailing Office Address

1515 Broadway, New York, NY 10036
Suite, Apt. #, etc.

City & State

New York, New York

Zip

10036

Country

USA

City & State

New York, New York

Zip

10036

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32301

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

Amanda Roat

Amanda Roat
As its agent

REGISTERED AGENT MUST SIGN

Date **07-07-08**

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

Titles	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Director	Thomas E. Dooley	1515 Broadway	New York, New York 10036
Director	Michael D. Frickas	1515 Broadway	New York, New York 10036
Director	James W. Barge	1515 Broadway	New York, New York 10036
Pres.	Christina M. Norman	1515 Broadway	New York, New York 10036
Sec.	Michael D. Frickas	1515 Broadway	New York, New York 10036
Treas.	George S. (Toby) Nelson	1515 Broadway	New York, New York 10036

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 contained in Chapter 119, 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:

Jane R. Fuerst

Jane R. Fuerst - Assistant Secretary 6/27/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL -7 PM 1:17

STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

3/24/2005

5. FEI Number

20-2487149

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900132350169

Additional Principal Officers

Assistant Secretary

Jane R. Fuerst

1515 Broadway, New York, New York 10036



CORPORATION SERVICE COMPANY

RECEIVED
08 JUL -7 PM 12:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 636201 4319220

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1050.00

ORDER DATE : July 3, 2008

ORDER TIME : 10:06 AM

ORDER NO. : 636201-040

CUSTOMER NO: 4319220

REINSTATEMENT

NAME: MOONMAN PRODUCTIONS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS _____