

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 12 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FD0000002247

1. Corporation Name

Valúesque Productions, Inc

400167768474
02/12/10--01024--009 **150.00

400167768474
02/02/10--01012--023 **450.00

REINSTATEMENT 07-10
CR2E081 (11/09)

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

6400 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 440

City & State

Coconut Creek, FL

Zip

33309

Country

Broward

3. Mailing Office Address

6400 N. Andrews Ave.

Suite, Apt. #, etc.

Suite 440

City & State

Coconut Creek, FL

Zip

33309

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida. 04/07/06
05/03/2005

5. FEI Number
20-2794075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kimberly Namer

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

6400 N. Andrews Ave.

Suite, Apt. #, Etc.

440

City

Coconut Creek

State

FL

Zip Code

33309

☒ 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.

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

JAN 28 2010

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/C	Paul Taylor	6400 N. Andrews Ave. Ste 440	Coconut Creek, FL 33309

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 28 2010 15611
245 0310
Date Daytime Phone #

2/12c