

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -7 PM 4:52

DOCUMENT # **F97000003397**

1. Corporation Name

STREETROD PRODUCTIONS, INC.

Principal Place of Business

**412 NO 5TH ST
MONTEZUMA IA 50171**

Mailing Address

**412 NO 5TH ST
MONTEZUMA IA 50171**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
809 S. Front Street
City & State
Montezuma IA
Zip
50171 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
809 S. Front Street
City & State
Montezuma IA
Zip
50171 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1997

5. FEI Number

42-1442665

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	SCHMIDT, CRAIG	412 NO 5TH ST	MONTEZUMA IA 50171
VD	SCHMIDT, CYNTHIA	412 NO 5TH ST	MONTEZUMA IA 50171
SD	SCHMIDT, CYNTHIA	412 NO 5TH ST	MONTEZUMA IA 50171

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-01/16/02--01025--025
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**C & D GOLF CARTS, INC.
108 A PLANTATION DRIVE
TITUSVILLE FL 32780**

9. Name and Address of New Registered Agent

Name

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

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.

Signature of
Registered Agent

Signature Required
REGISTERED AGENT MUST SIGN

Date

1-1-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/01

Date

641-623-5201

Daytime Phone #

CR2040 (8/01)