## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

F97000003397

1. Corporation Name

STREETROD PRODUCTIONS, INC.

Principal Place of Business

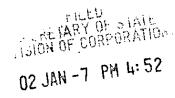
Mailing Address

412 NO 5TH 6T

MONTEZUMA IA 50171

412 NO 5TH ST

MONTEZUMA IA 50171



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						CO CONTROL	RTATEMEN	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								0
				ng Office Address, If Applicable		4! Date Incorporated or Qualified To Do Business in Florida  06/30/1997		
Suite, Apt. #, etcSuite, Ap						5. FEI Number	D	<del></del>
809 S. Front Street					- Street	40-1442665 - 7-15-15-15-15-15-15-15-15-15-15-15-15-15-		
City & State	1		City & State			Not Applicable		
Monteziuma FA			MONKZUMA, IA		TA TA	6.	\$9.75	Additional Fee required
Zip		Country	Zip		Country	CERTIFICATE	OF STATUS DESIRED [ for	a Certificate of Status
<u> 5017!</u>	<u> </u>	usa	5017		LISA			<u>. I</u>
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flor	ida nonprof	it corporations must list at lea	st 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		
						5	00004778 -01/16/020 ( *****750.00	1368 1025025
						MIN	****(50.68	**** 130.00
			-	(		h l	; ;	ļ
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
-	\$440 am 640	and the second second	ريده بيدر	> -	Name	Name		
C & D GOLF CARTS, INC. 108 A PLANTATION DRIVE					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)		
TITUSVILLE FL 32780					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
					City		State FL	Zip Code
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am f	amiliar with and accept the ob	oligations of Secti	on 607.0505, F.S.	

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

SIGNATURE: SIGNATURE

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

12/13/01

<u>530-560 - 560 - 140</u>

Daytime Phone #