

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pggelotz

APPLICATION
FOR



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

DOCUMENT # **F99000002965**

1. Corporation Name

CARL MADURI PRODUCTIONS, INC.

FILED

01 OCT 29 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

321 OLD MEADOW WAY
WEST PALM BEACH FL 33418

321 OLD MEADOW WAY
WEST PALM BEACH FL 33418



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

321 OLD MEADOW WAY
WEST PALM BEACH FL
33418
PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

34-1213825

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPS	MADURI, CARL A	21 OLD MEADOW WAY	WEST PALM BEACH FL 33418
DVT	MADURI, JOAN S	21 OLD MEADOW WAY	WEST PALM BEACH FL 33418
			800004679538--3 -11/15/01--01002--005 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MADURI, CARL
21 OLD MEADOW WAY
WEST PALM BEACH FL 33418

Name

MADURI, CARL

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

321 OLD MEADOW WAY

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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]

REGISTERED AGENT MUST SIGN

Date 10-24-01

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] CARL MADURI PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-01 - 561-775 0664

CR2E040 (8/01)

APP 20K

C. M. P. inc.

Tel # (561) 945-6009 Fax # 561-625-6441
cmproductions2000@yahoo.com

ENCLOSED CHECK FOR 150.00 FROM
CARL MADURI PRODUCTIONS INC.

WE DID NOT RECEIVE OUR NOTICE
FOR ANNUAL REPORT FEE.

WE ALSO FILED A EXTENSION
OF OUR TAXES & ALSO OUT OF TOWN
FOR THE LAST FEW WEEKS

HOPEFULLY THIS CAN REINSTATE US
& ABLE TO DO BUSINESS HERE IN
FL.

THANK YOU

CARL MADURI PRES