

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 514912

1. Corporation Name

A.F.Y. Productions, Inc

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

1207 NE 89 STREET - SOME
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

- SOME

Zip

33138

Country

U.S.

Zip

- SOME

Country

7. Name and Address of Current Registered Agent

Name

ROGER B. GREEN

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

1120 SE BURNHAMWOOD CIR

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

Roger B. Green
REGISTERED AGENT MUST SIGN

Date

02/25/2007

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
<u>P/S/T</u>	<u>ARTIE MALESCI</u>	<u>1207 NE 89 STREET</u>	<u>MIAMI FL 33138</u>
	<u>\$13/2</u>		

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:

Artie Malesci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/25/07 772-2198-807
Daytime Phone #

FILED

07 MAR -2 AM 11:14

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400091013264
03/06/07--01024--024 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1986

5. FEI Number

59-2623706

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.