

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

588060

1. Corporation Name

Mark II Productions, Inc
Services

2. Principal Office Address

6005 Powers Ave

Suite, Apt. #, etc.

Suite 101/102

City & State

Jacksonville, FL

Zip

32217

Country

Duval

3. Mailing Office Address

3033-1 Hartley Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

Duval

REINSTATEMENT 93-08

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/1987

5. FEI Number

59-2879659

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

R J Huisinga

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

3033-1 Hartley Road

Suite, Apt. #, Etc.

#

City

Jacksonville

State
FL

Zip Code

32257

400003480104-9

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***1800.00 ***1800.00

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

11/6/2000

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
Pres	Mark Kohl	1884 S. Hampton	Jacksonville, FL 32209

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2000

Date

(904) 288-6166

Daytime Phone #

CR2E081 (9/99)