

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 27 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07) 05-08

DOCUMENT # K48617

1. Corporation Name

GREG RIKE PRODUCTIONS, INCORPORATED

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

1191 Douglas Avenue

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

Zip

32714-2086

Country

United States

3. Mailing Office Address

1191 Douglas Avenue

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

Zip

32714-2086

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1988

5. -FEI Number

592926724

☐ 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

Rike, Greg

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

1191 Douglas Avenue

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714-2086

☐ 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.

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 2/21/2008

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
P/T/S	Rike, Greg	1191 Douglas Avenue	Altamonte Springs, FL 32714-2086

000118936820  
02/27/08--01030--007 \*\*1200.00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)  
2/21/2008 862-6882  
Date Daytime Phone #

B. Mitchell FEB 27 2008