

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		H000000123737 SECRETARY OF STATE DIVISION OF CORPORATIONS 00 MAR 20 PM 2:14	
DOCUMENT # K49212 1. Corporation Name SUR PRODUCTIONS, INC.					
Principal Place of Business		Mailing Address			
7800 SW 57TH AVE STE 227 MIAMI, FL 33143		7800 SW 57TH AVE STE 227 MIAMI, FL 33143			
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0091839	
				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. True(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P-VF	JEAN FRANCOIS BOYER	7800 SW 57TH AVE STE 227	MIAMI, FL 33143		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
JIM SIERRA 9290 SUNSET DR STE 105 MIAMI, FL 33173		Name ANDREI ZINCA Street Address (P.O. Box Number is Not Acceptable) 7800 SW 57TH AVE Suite, Apt. #, Etc. STE 227 City MIAMI State FL Zip Code 33143			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.					
Signature of Registered Agent *		REGISTERED AGENT MUST SIGN		Date	
A. Zinca				3/17/00	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)					
12. 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: *		ANDREI ZINCA (RA)		Date	
A. Zinca				3/17/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
				(305) 632-3582	

H000000123737

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422

CORPORATION REINSTATEMENT

SUR PRODUCTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75