

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 15 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 62663

1. Corporation Name

C. J. PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

7809 W. COMMERCIAL BLVD.
TAMARAC, FL. 33351

400007168334--2
-08/16/02--01031--005
****300.00 ****300.00

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.		2/1/89	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0098179	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	LERSUNDY, CARLOS	7809 W. COMMERCIAL BLVD TAMARAC, FL. 33351	TAMARAC, FL. 33351

8. Name and Address of Current Registered Agent

CARLOS LEERSUNDY
7809 W. COMMERCIAL BLVD.
TAMARAC, FL. 33351

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

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
REGISTERED AGENT MUST SIGN

Date 8/9/02

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LEERSUNDY

Date

Daytime Phone #

8/9/02 (94) 86-8866

C. J. PRODUCTIONS, INC.
7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351
(954) 726-8866

August 9, 2002

Department of State- Division of Corporations
Uniform Business Reports
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen / Ladies:

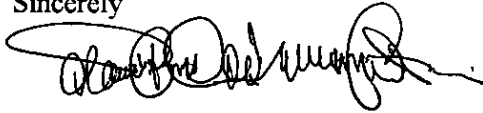
Re: Annual Reports / Uniform Business Reports
2001 and 2002 DOC # K62663

We are requesting abatement of all penalties and interest that may have accrued for failure to file the missing reports.

We have moved from Miami to Broward in September 2000 and since then we have not received any notices, forms or reports concerning the Annual or Uniform Business Reports for the years in question.

Enclosed please find check # 142 for \$300.00 in payment of 2001 and 2002 UBR

Sincerely

A handwritten signature in black ink, appearing to read 'Carlos Lersundy', with a stylized flourish at the end.

Carlos Lersundy, Pres.

Encl. check and reinstatement form

MORGAN
COLLING
& GILBERT
A PROFESSIONAL ASSOCIATION

*Attorneys
At Law*

REPLY TO ORLANDO

August 13, 2002

OFFICES:

16th FLOOR
20 N. ORANGE AVENUE
POST OFFICE BOX 4979
ORLANDO
FLORIDA 32802-4979
(407) 420-1414
16th FAX: (407) 425-8171
9th FAX: (407) 841-9520
10th FAX: (407) 425-9858

SUITE 1790
101 E. KENNEDY BLVD.
TAMPA
FLORIDA 33602
(813) 223-5505
FAX: (813) 223-5402

POINCIANA PROFESSIONAL PARK
SUITE 111
2640 GOLDEN GATE PARKWAY
NAPLES
FLORIDA 34105
(239) 643-1400
FAX (239) 643-1450

SUITE 301
815 SOUTH MAIN STREET
JACKSONVILLE
FLORIDA 32207
(904) 398-2722
FAX (904) 398-2334

Ms. Marquitta Williams, Document Specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Alexander M. Clem, P.A.
Ref. Number: P00000089475

Dear Ms. Williams:

As requested in your letter dated July 11, 2002, enclosed please find my check #559 in the sum of \$300.00 for reinstatement along with the original Application for Reinstatement.

Should you require any additional information, please call my office immediately.

Thank you for your prompt attention and cooperation in this matter.

Sincerely,

Alexander M. Clem

AMC/pla

Enclosure (check #559)

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