

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 30 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

Horus Productions, Inc.

1283261

000008149960--0  
-10/02/02--01023--004  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

2. Principal Office Address

6708 Hill Park Drive

3. Mailing Office Address

6708 Hill Park Drive

Suite, Apt. #, etc.

Apt. 202

Suite, Apt. #, etc.

Apt. 202

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

90068

Country

USA

Zip

90068

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1989

5. FEI Number

59-3035489

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

Tarquin M. Callen

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

111 W. Fortune Street

Suite, Apt. #, Etc.

City

Tampa

State  
**FL**

Zip Code

33602-3208

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

Date

REGISTERED AGENT MUST SIGN

**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
C	Tarquin M. Callen	111 W. Fortune Street	Tampa, FL. 33602-3208
P	James Killough IV	6708 Hill Park Drive, Apt. 202	Los Angeles, CA 90068
S	Ivonne Zambrana	111 W. Fortune Street	Tampa, FL. 33602-3208
VP	Ian Callen	111 W. Fortune Street	Tampa, FL. 33602-3208
VP	Rohini Sharma Killough	6708 Hill Park Drive, Apt. 202	Los Angeles, CA 90068

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/2002 213 2296686  
Date Daytime Phone #

CF20081 (9/01)

9/30/02