

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 26 AM 10:46

DOCUMENT # **L84262**

1. Corporation Name

Good Knight Productions, Inc.

Principal Place of Business

Mailing Address

**6555 N.W. 172nd Lane
Miami, FL 33015**

**6555 N.W. 172nd Lane
Miami, FL 33015**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

June 29, 1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0208300

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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 Title(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/D	Manuel Gutierrez	6555 N.W. 172nd Lane	Miami, FL 33015
S/T	Maria Gutierrez	6555 N.W. 172nd Lane	Miami, FL 33015

200003035232--0
-11/04/99--01068--002
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Arazoza, Comas, de Torres & Fernandez-Fraga
101 Madeira Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Arazoza, Comas, de Torres & Fernandez-Fraga
Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street
Suite, Apt. #, Etc.
300
City
Coral Gables State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Date **10/21/99**

REGISTERED AGENT MUST SIGN

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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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

MANUEL GUTIERREZ

Date

10/15/99

Daytime Phone #

3055582579