

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M41084

1. Corporation Name **HOT PRODUCTIONS, INC.**

2. Principal Office Address
1450 N.W. 159 Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33139

Country
U.S.A.

3. Mailing Office Address
1450 N.W. 159 Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33139

Country
U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida **11/4/19863796**

5. FEI Number
59-2793796

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
DOUGLAS D. STRATTON, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road, Suite 2A

Suite, Apt. #, Etc.

City
Miami Beach, FL 33139

State
FL

Zip Code
33139

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 **5-18-01**

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
PD	STONE, HENRY	1450 N.W. 159 Street	Miami, FL 33169
VPD	STONE, JOSEPH	1450 N.W. 159 Street	Miami, FL 33169
VPD	KLEIN, PAUL	1450 N.W. 159 Street	Miami, FL 33169

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

[Signature]

5/18/01 (305) 628-9797

Date

Daytime Phone #

CR2E081 (3/00)