

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **[REDACTED]**
1. Corporation Name **DUE SEASON PRODUCTIONS, INC.**
7102600000930

2. Principal Office Address
1611 NW 27th Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

CR2E081 (8/05)

City & State
Fort Lauderdale, Florida
Zip **33311** Country

4. Date Incorporated or Qualified
To Do Business in Florida **Feb. 8, 2002**

5. FEI Number **01-0612223**
☐ 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 **Oliver BLACK** **300059714913**
09/16/05--01047--001 **238.25
Street Address (P.O. Box Number is Not Acceptable)
1611 NW 27th Avenue **900059714959**
Suite, Apt. #, Etc. 09/16/05--01047--002 **8.75
City **Fort Lauderdale** State **FL** Zip Code **33311**

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 **Sept 8, 2005**

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
Dir.	Oliver Black	1611 NW 27th Ave.	Fort Land. Fla. 33311
Assistant Director	Patricia Stewart	1713 Majorie A Davis Street	Fort Lauderdale, Fla. 33211
Treasurer	Frederick Black	1611 NW 27th Ave.	Fort Lauderdale, Fla. 33311
Secretary	Tamir Erick	640 North Andrews Avenue	Fort Lauderdale, Fla. 33311
	REINSTATEMENT 63-05		

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

Date

Daytime Phone #

Sept 12/05
954-270-4959

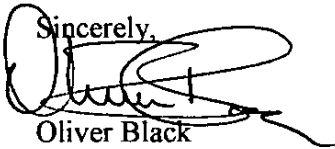
September 8, 2005

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am writing this letter to reinstate the Non profit status of Due Season Productions. I do not have any records from the State regarding the status of the Corporation being dissolved in 2003. Due to this I am requesting that the fee be waived. I am enclosing the check for past due fees and reinstatement fees. If you have any questions regarding this I can be reached at (954) 270-4959. Thank you very much for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Oliver Black', written over the word 'Sincerely,'.

Oliver Black
Due Season Productions (N02000000930)