


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **N93000003764**

1. Corporation Name

HIGHER AUTHORITY PRODUCTIONS, INC.

Principal Place of Business

9540 COLLINS AVENUE
SUITE 314
SURFISDE FL 33154
US

Mailing Address

9540 COLLINS AVENUE
SUITE 314
SURFISDE FL 33154
US

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

2. New Principal Office Address, If Applicable

12000 BISCAYNE BLVD
Suite, Apt. #, etc.
200
City & State
MIAMI FLORIDA
Zip
33180 Country
U.S.A.

3. New Mailing Office Address, If Applicable

12000 BISCAYNE BLVD
Suite, Apt. #, etc.
200
City & State
MIAMI FLORIDA
Zip
33180 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

08/19/1993

5. FEI Number

65-0434989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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)

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
P	SHERIDAN, MARK	801 BRICKELL SQ, 9TH FL	MIAMI FL
D	LIPSKAR, SHOLOM R	9500 COLLINS AVE	SURFISDE FL
EBC	SHEINBERG, STEVEN	801 BRICKELL SQ, 9TH FL	MIAMI FL
S	SREDNI, ERWIN	3049 NE 183 ST	N MIAMI BCH FL
D	LIPTON, JANICE	655 OCEAN BLVD	GOLDEN BEACH FL
D	LEVINE, JERROD	9540 COLLINS AVE	SURFISDE FL 33154

8. Name and Address of Current Registered Agent

LEVINE, JERROD
9540 COLLINS AVE
SURFISDE FL 33154

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 **1-20-99**

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

JERROD LEVINE

1-20-99 305 899 3002

CR2040 (9/98)