

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000001938

1. Corporation Name

REAL LIFE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

6850 LIVING WATER PLACE
TAMPA FL 33610

6850 LIVING WATER PLACE
TAMPA FL 33610

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1999

5. FEI Number

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 3	City / State / Zip 4
D	CLARK, RONALD H	6850 LIVING WATER PLACE	TAMPA FL 33610
D	CLARK, BELINDA B	6850 LIVING WATER PLACE	TAMPA FL 33610
D	DAVIS, MICHAEL A	2248 EAGLE BLUFF DRIVE	VALRICO FL 33594
D	MCCORD, MICHAEL	1907 SADDLE LAKE PLACE	BRANDON FL 33511
D	MYER, MELVIN A	1304 HARNESS HORSE LANE #102	BRANDON FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGLIANO, JOHN J
400 NORTH TAMPA STREET
SUITE 2630
TAMPA FL 33602

Name

Jennifer McCord

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

6850 Living Water Pl

Suite, Apt. #, Etc.

City

Tampa

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

Jennifer McCord
REGISTERED AGENT MUST SIGN

Date 12/5/00

11. 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:

Michael McCord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael McCord

12/5/00
Date

(813) 620-5551
Daytime Phone #

FILED

01 FEB -7 AM 11: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E040 (8/00)