

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 24 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P0000000 14103  
AEN Productions Inc.

2. Principal Office Address

3. Mailing Office Address

5039 20th Ave N.

5039 20th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST Petersburg FL

ST Petersburg FL

Zip

Country

Zip

Country

33710

USA

33710

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-9-00

5. FEI Number

59-3621521

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

ADAM NAVAGE

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

5039 20th Ave N

000029308400

02/24/04--01039--026 \*\*308.7

Suite, Apt. #, Etc.

City

ST Petersburg

State  
FL

Zip Code

33710

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 2-16-04

**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
-P	ADAM NAVAGE	5039 20th Ave N	ST PETERSBURG FL 33710

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

ADAM NAVAGE

Date

2-16-04

Daytime Phone #

727  
515 5281