

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUN -8 AM 6:27

DOCUMENT # **P00000036555**

1. Corporation Name

Red Eye Productions, Inc

900104525989
06/19/07--01002--002 **750.00

000104526210
06/19/07--01002--003 **158.75

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

6237 ALTON ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2961 DAY AVE

Suite, Apt. #, etc.

A

City & State

MIAMI BEACH FL

City & State

MIAMI FL

Zip

33140

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-6-00

5. FEI Number

65-1007211

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

Diane Browarnik

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

2961 DAY AVENUE

Suite, Apt. #, Etc.

A

City

MIAMI

FL

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X SB

Date

6/7/07

REGISTERED AGENT MUST SIGN

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	SETH BROWARNIK	6237 ALTON ROAD MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

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 contained in Chapter 119, 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

6/7/07

Date

305-448-4009

Daytime Phone #