

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 4:00

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01-02 UBR

DOCUMENT # P00000037359

1. Corporation Name

Shockwave Productions, Inc.

2. Principal Office Address

520 S. 26 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

520 S. 26 Ave.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/00

5. FBI Number

65-1000315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐State Additional Fee (by mail)
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ryan Floria

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

520 S. 26 Ave.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Ryan Floria

Date

3/12/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	C. Ryan Floria	520 S. 26 Ave.	Hollywood, FL 33020

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)(c), 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:

Ryan Floria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/02

Daytime Phone #