

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038352

1. Corporation Name
HOP PRODUCTIONS, INC.

Principal Place of Business Mailing Address
1452 NW 153 AVE 1452 NW 153 AVE
PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028



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		4. Date Incorporated or Qualified To Do Business in Florida 04/10/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1007052	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PAYEN, BENJAMIN	1452 NW 153 AVE	PEMBROKE PINES FL 33028
D	MOSS, ELIZABETH	1452 NW 153 AVE	PEMBROKE PINES FL 33028

600009528246
12/16/02--01004--010 **750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PAYEN, BENJAMIN 1452 NW 153 AVE PEMBROKE PINES FL 33028		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date 10/22/2002
REGISTERED AGENT MUST SIGN

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 *[Signature]* BENTAMIN PAYEN 10/22/2002 (854) 704-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)