

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000046770

1. Corporation Name

THE 13TH FLOOR PRODUCTIONS NETWORK, INC.

2. Principal Office Address
6550 N.E. 4TH COURT

Suite, Apt. #, etc.
STUDIO A

City & State
MIAMI, FL

Zip
33138

Country
USA

3. Mailing Office Address
6550 N.E. 4TH COURT

Suite, Apt. #, etc.
STUDIO A

City & State
MIAMI, FL

Zip
33138

Country
USA

FILED

04 MAR 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/08/04--01022--015 **308.75

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
651008518

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
OLIVER LANGSTADT, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
815 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
2ND FLOOR

City
CORAL GABLES

State
FL

Zip Code
33134

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

Oliver Langstadt

REGISTERED AGENT MUST SIGN

Date **17 MARCH, 2004**

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
PVTS	PETER C. MARTINEZ	6550 NE 4TH CT. STUDIO A	MIAMI, FL 33138

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:

P.C. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P.C. MARTINEZ, PRESIDENT

X 02/12/04 X 3055197219

Date

Daytime Phone #

CR2E081 (01/04)