


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 29 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105311

1. Corporation Name

DAL Production, Inc.

2. Principal Office Address

743 E. Ninth Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3207 Riva Ridge Court

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Bowie, MD

Zip

32303

Country

USA

Zip

20721

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 9, 2000

5. FEI Number

58-2430638

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

William S. Stevens III

500004881455

-02/05/02--01082--009

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

743 East Ninth Street

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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]

Date 01/18/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Derek A. Lewis	3207 Riva Ridge Court	Bowie MD 20721
S/D	Kristine L. Lewis	3207 Riva Ridge Court	Bowie MD 20721

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:

Kristine L. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02 301-249-1173

Date

Daytime Phone #

CR2E081 (9/01)

Dayer



January 18, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

DAL Production, Inc. never received notices of corporation dissolution prior to September of 2001.

At this time we are requesting reinstatement. Enclosed please find application of reinstatement and check.

Thank you, for your prompt assistance.

Sincerely,

Kristine L. Lewis
Secretary

Festivals and Corporate Events • Technical Productions

3207 Riva Ridge Court Suite 100 Bowie, Maryland 20721
Office: (301) 249-1173 Fax: (301) 249-1875 Email: dalpro@aol.com