


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

09 SEP -4 AM 11:24

SECRETARY OF STATE  
PALM BEACH, FLORIDA

**DOCUMENT #** 201000012867

**1. Corporation Name**

STAR GAZER Productions Inc.

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

1422 NE 33rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

OAKLAND PARK FL

**City & State**

FL

**Zip**

33307

**Country**

USA

**Zip**

Country

900160344579

09/04/09--01003--012 \*\*600.00

**REINSTATEMENT** 06-09

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

2/16/01

**5. FEI Number**

ELN#  
65-1074952

**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**

KEVIN ROTH

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

1422 NE 33rd ST

Suite, Apt. #, Etc.

**City**

OAKLAND PARK

**State**

FL

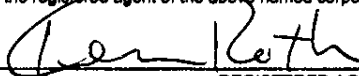
**Zip Code**

33307

☒ 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**



**REGISTERED AGENT MUST SIGN**

**Date** Sept 2-09

**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
Pres	KEVIN ROTH	1422 NE 33rd ST	OAKLAND PARK FL 33307
Sec.	KEVIN ROTH	SAME as	ABOVE
Treas	KEVIN ROTH		

**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**

**Date**

Sept 2-2009

**Daytime Phone #**

954-566-8000

9/8a