

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **901000018214**

1. Corporation Name

Craiano Productions, Inc.

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

1228 Alfonso Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

33146

Country

USA

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

2001

5. FEI Number

22 3783549

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

Marilyn Milian

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

1228 Alfonso Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

going to old address

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

Marilyn Milian

REGISTERED AGENT MUST SIGN

Date

8/26/09

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
Mrs.	Marilyn Milian	1228 Alfonso Ave	Coral Gables, FL 33146

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

Marilyn Milian

Date

8/26/09

Daytime Phone #

3052432381

FILED
09 AUG 31 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400160139934
08/31/09--01073--008 **750.00

REINSTATEMENT 05-09
CR2E081 (12/08)