

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040610

1. Corporation Name

STARFIGHT PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

701 W PLATT ST
TAMPA FL 33606

701 W PLATT ST
TAMPA FL 33606

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2001

5. FEI Number

59-3719881

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BRAND, TERRI	2880 NORTH RD	CLEARWATER FL 33760
DST	FELDMAN, RANDY M	1773 W FLETCHER AVE	TAMPA FL 33612
DVP	JACOBS, AARON M	8639 N HIMES AVE #3520	TAMPA FL 33614

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, RANDY M
1773 W. FLETCHER AVE.
TAMPA FL 33612

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Randy Feldman
REGISTERED AGENT MUST SIGN

Date

10-8-03

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)(l), 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

10/8/03
Date

727-251-
5806
Daytime Phone #

CR2E040 (7/03)

October 15, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Starfight Productions, Inc.
Document # P01000040610

To Whom It May Concern:

We did not receive any uniform business report notices. We would have complied immediately if received. Please reinstate us without penalty.

Thank you,

A handwritten signature in black ink, appearing to read "Randy", is written over the "Thank you," text.

Randy M. Feldman D.D.S., M.S.