

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046094

1. Corporation Name

K M D PRODUCTIONS, INC.

Principal Place of Business

343 WEST GARDEN COVE CIRCLE  
DAVIE FL 33325

Mailing Address

343 WEST GARDEN COVE CIRCLE  
DAVIE FL 33325

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1103735

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
<del>D</del>	<del>DUNCAN, LESLIE E</del>	<del>343 WEST GARDEN COVE CIRCLE</del>	<del>DAVIE FL 33325</del>
T/S/D	Duncan, Leslie E	343 W Garden Cove Circle	Davie FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNCAN, LESLIE E  
343 WEST GARDEN COVE CIRCLE  
DAVIE FL 33325

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-15-02

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)(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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

Date

Daytime Phone #

954-296-4544

October 15, 2002

Florida Department of State  
Tallahassee, FL

Re: KMD Productions, Inc. Reinstatement Fees

To whom it may concern,

This letter is to inform you that prior Uniform Business Reports were not received and as a result we ask that the reinstatement fees be waived accordingly. Attached, please find a check in the amount of \$158.75 for both the filing fee and Certificate of Status.

Should you have any questions, I may be reached at 954-759-5823 between the hours of 7:30 am – 4:30pm.

Regards,

A handwritten signature in cursive script, appearing to read "Leslie Duncan".

Leslie Duncan  
Treasurer and Secretary  
KMD Productions, Inc.  
FEI No. 65-1103735