

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 DEC 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P 01000049215

1. Corporation Name

To The Moon Productions, Inc.

2. Principal Office Address

519 Cleveland St

Suite, Apt. #, etc.

101

City & State

Clearwater FL

Zip

33755

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SMF

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3742659

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

GARY W. LYONS

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

311 S. Missouri Avenue

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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]
REGISTERED AGENT MUST SIGN

Date 12/23/02

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	JAMES VALKO	519 Cleveland St #101	Clearwater, FL 33755

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/02 466-6338

Daytime Phone #

CR2E081 (9/01)

25 13

TO THE MOON PRODUCTIONS, INC.

*519 Cleveland Street, Suite 209
Clearwater, FL 33755*

December 18, 2002

Florida Department of State
Corporate Filings

PO Box 6327
Tallahassee, FL 32314

RE: P01000049215 \ FEIN 59-3742659

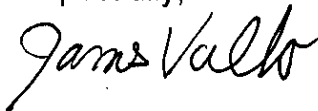
Dear Sir or Madam:

Enclosed is the Reinstatement Form and a check for \$150.00 to reinstate the above named corporation.

Unfortunately, we did not receive a UBR filing form and as a result, did not file in a timely manner to keep our corporation activated.

Please let us know if there is any other information you may need to complete this action.

Respectfully,



James Valko
President