PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF LAND



## FLORIDA DEPARTMENT OF STATE Jim Smith '

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000049236

1. Corporation Name

EASTSIDE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

8813 DOWNING ST BOYNTON BEACH FL 33437

Signature of Registered Agent

SIGNATURE

8813 DOWNING ST

**BOYNTON BEACH FL 33437** 

FILED

02 NOV 25 AM 10: 39

SECRETARY OF STATE TALLAHASSEF, PLORIDA

if above:	addresses are incorrect in any way, line the	rough-incorrect informat	tion and enter correction below.	(5)-(3-n	2-90133 037	# 150 · W
			ce Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida  05/17/2001		
Suite; Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For		
		City & State		65 - 1	1110162 Not Applica	
Zip	Country	Zip	Country			Additional Fee required a Certificate of Status
7. Names	and Street Addresses of Each Officer and	d/or Director (Florida no	nprofit corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / State / Zip	
PTD	SHINE, PHYLLIS		8813 DOWNING ST		BOYNTON BEACH FL 33437	
VSD	OBERMAN, ROBERTA		16112 VILLA VIZCAYA PLACE		DELRAY BEACH FL 33446	
			A did reserve			
			_ ~ ~			
<del></del>						
<u></u>	8. Name and Address of Curren		Namo	9. Name and Address of New Registered Agent		gent
SHINE, PHYLLIS 8813 DOWNING ST BOYNTON BEACH FL-33437				Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Et	c		
			City	City State Zin Code		

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 filling 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.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

737-70, 20, 2002 561-2400 Date Daytime Phone #

etober 24, 2002

## EAST SIDE PRODUCTIONS, INC.

P.O. BOX 740566 BOYNTON BEACH, FL 33474 TEL 561-737-2100 FAX 561-733-3030

Florida Department Of State Division Of Corporation Reinstatement Division P.O.Box 6327 Tallahassee, FL 32314

Re: EASTSIDE PRODUCTIONS, INC. #65 – 1110162

Oct. 23, 2002

To whom it may concern:

Hopefully, this letter will serve as an explanation of events regarding the corporation listed above. In late June of this year, I called your office, and as an officer in this corporation, I explained the following reasons for late payment of the annual corporate fee. The passing of my mother, followed by the illness of my father, and subsequently, my husband undergoing two surgeries had required our leaving the state and residing for a short period of time in New York. Consequently, much "catching up" on mail was necessary upon my return to Florida.

Your office was most understanding and asked that I mail a check with the original required amount. I did so. That checks was received and deposited by your office (Enclosed copy attached). As a follow up, I noted our corporation listed on the computer and therefore considered this subject closed.

However, I now see that the corporation was "Dissolved".

I would greatly appreciate your view of this matter and thank you in advance for your consideration of reinstatement minus the \$600 penalty.

Yours very truly,

Phyllis Shine 561-737-2100

Attachments: 1. copy of check (both sides)

2. reinstatement