PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053729

1. Corporation Name

Lil Boy Production INC
3072 n Fulmer Circle
Tallahassee, Fl 32303

700180050367
05/03/10--01016--004  **300.00

REINSTATEMENT 09-10

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

3072 n Fulmer

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt #, etc.

City & State

Tallahassee. Fl

City & State

Tallahassee Fl

Zip

32303

Country

US

Zip

32303

Country

US

4. Date Incorporated or Qualified To Do Business in Florida  5-31-204

5. FEI Number  01-062.4415

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  James R. Bennett II

Street Address (P.O. Box Number is Not Acceptable)
3072 n Fulmer Cir

Suite, Apt. #, Etc.

City  Tallahassee

State FL

Zip Code 32303

☐ 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.

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  _James R Bennett_

REGISTERED AGENT MUST SIGN

Date  4/30/10

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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| VP | Jackie L Bennett | 3072 n Fulmer | Tallahassee Fl 32303 |
| P | James R. Bennett | 3072 n Fulmer | Tallahassee Fl 32303 |
| | | $5/4 | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: JLBennett40@embarqmail.com
(To be used for future annual report notification)

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. I further certify, 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: _J Bennett_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  4/30

Daytime Phone #  8505744835