

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000053736**

1. Corporation Name

ON-SITE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**1909 5TH ST. W.
PALMETTO FL 34221**

**1909 5TH ST. W.
PALMETTO FL 34221**

If above addresses are incorrect in any way, line through incorrect information and enter correction.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1133276

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director.	4 City / State / Zip
D	HANNAFORD, REX	1909 5TH ST. W.	PALMETTO FL 34221
D	HANNAFORD, TERRI	1909 5TH ST. W.	PALMETTO FL 34221

700023965657

10/21/03-01040--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HANNAFORD, REX
1909 5TH ST. W.
PALMETTO FL 34221**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **OCT. 3, 2003**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 3, 2003 (941) 722-1388

Date Daytime Phone #

CR2E040 (7/03)

2092

ON-SITE PRODUCTIONS, INC.
1909 5TH STREET WEST
PALMETTO, FL. 34221

REX HANNAFORD – OFFICER
1909 5TH STREET WEST
PALMETTO, FL. 34221
HOME # (941) 722-1388

**REQUEST FOR CORPORATION TO BE RETURNED TO “ACTIVE” STATUS,
AND REINSTATEMENT FEE WAVIED.**

To whom it may concern,

The corporation (On-Site Productions, Inc.) did not receive the two prior business report notices, and is requesting to be reinstated to active status. There has been an ongoing issue with our personal and business mail being delivered to another residence with a similar address without our knowledge.

Example: On one occasion the business checkbook was delivered to the wrong address, and some of the checks were forged and uttered. The checkbook was never recovered.

Thank you for assisting in our reinstatement request.


Rex Hannaford