

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000062497

1. Corporation Name

BUM1 PRODUCTIONS, INC.

Principal Place of Business

1211 CAPRI ISLES BLVD., #3  
VENICE FL 34292

Mailing Address

1211 CAPRI ISLES BLVD., #3  
VENICE FL 34292

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

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/2001

5. FEI Number

☒ 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
PTSD	REESE, MARK	1400 WILLOW AVE., #1405	LOUISVILLE KY 40204
D	REESE, DOROTHY	1211 CAPRI ISLES BLVD., #3	VENICE FL 34292
D	<del>BARBER, BARBARA</del>	<del>5500 FOREST LANE DR.</del>	<del>PROSPER KY 40059</del>

000008799810  
11/05/02--01029--001 \*\*150.00

UBN 2002

8. Name and Address of Current Registered Agent

ROBERTS, GREGORY C ESQ.  
341 VENICE AVE., WEST  
VENICE FL 34285

9. Name and Address of New Registered Agent

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/24/02

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.

Dorothy W. Reese

SIGNATURE:

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

10-23-02

Date

941-485-5216

Daytime Phone #

CR20040 (8/02)

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***Dorothy Reese***  
Director  
BUM1 PRODUCTIONS, INC.  
1211 Capri Isles Boulevard, #3  
Venice, Florida 34292  
(941) 485-5216

October 24, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: BUM1 PRODUCTIONS, INC.

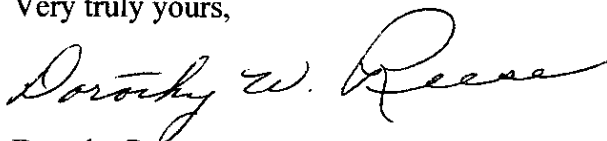
To Whom It May Concern:

With regard to the above-referenced entity, please be advised that we did not receive the two prior uniform business report notices and as a result, I am forwarding to you the enclosed Application for Reinstatement and appropriate UBR filing fee of \$150.00.

Thank you for your attention to this matter. Should you have any questions, please contact me at your convenience.

Kind regards.

Very truly yours,



Dorothy Reese  
Director

\DR  
Enclosures

cc: Mr. Mark Reese, w/o enc.

kat\Letters\Reese\tr