

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071577

1. Corporation Name

ONE PUNCH PRODUCTIONS, INC

2. Principal Office Address

2707 BENT LEAF DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2707 BENT LEAF DR.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO FL

Zip

33594

Country

USA

Zip

33594

Country

USA

600023555056

10/03/03--01088--024 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

7-18-01

5. FEI Number

59-3732746

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

TERRY J. TREKAS

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

2707 BENT LEAF DR.

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

Date

9-24-03

REGISTERED AGENT MUST SIGN

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
PVST	TERRY J. TREKAS	2707 BENT LEAF DR.	VALRICO, FL 33594

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:

TERRY J. TREKAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-24-03

Daytime Phone #

913-503-8109

CR2081 (10/02)

ONE PUNCH
P R O D U C T I O N S

PAID 2012

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

To Whom It May Concern:

I am writing this letter to ask you to waive the increased filing fee for my company. Since the incorporation of this company, I have never received the Annual Business Report in the mail. Last year my accountant took care of it for me, but this has been a really bad year and I have not utilized his services as of yet. It is supposed to come here to me at my office, but I have not received it as of yet. I downloaded one from the internet for the purposes of this filing. I would also like to change my business address to my home address, in the hopes that any future problems of this nature will be eliminated. I really do not have the extra money, so I am asking you to please consider accepting my enclosed filing fee of \$150.00.

Thank you for your time I reviewing this matter, and please feel free to contact me directly if you need an additional information.

Sincerely,



Terry J. Trekas
813-503-8109