

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090477

1. Corporation Name

MONIQUE ROBERTSON PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1200 EUCLID AVE #209  
MIAMI BEACH FL 33139

1200 EUCLID AVE #209  
MIAMI BEACH FL 33139



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

11-15-02 01031 004 \$150.00  
4. Date Incorporated or Qualified To Do Business in Florida 09/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1140200

Not Applica

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req for a Certificate of Stat

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
Presid.	Monique Robertson	1200 Euclid Ave #209	Miami Beach FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIVES, PATRICK  
700 E DANIA BEACH BLVD STE 202  
DANIA FL 33004

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

Date

11/25/02

REGISTERED AGENT MUST SIGN

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.

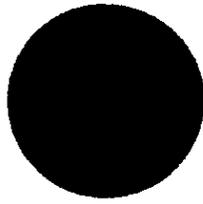
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 26/02

Date

Daytime Phone #



productions

monique robertson

November 12, 2002

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

Dear Sir or Madam:

Please find enclosed a 2002 annual report and a check for \$150 for my company. I want new to the country and did not know that I had to pay this annual report. I did not receive any other notices Before this reinstatement notice received on November 04, 2002.

In light of these circumstances, I would appreciate that you wave the late payment penalty.

Sincerely,

Monique Robertson  
President