

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000105840

**1. Corporation Name**

BORJA PRODUCTIONS, INC.

**2. Principal Office Address**

3761 N.W. 79TH AVENUE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

**3. Mailing Office Address**

3761 N.W. 79TH AVENUE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/01/01**

**5. FEI Number**  
59-3753689

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04

**7. Name and Address of Current Registered Agent**

Name

MONCADA, MARIA E.

Street Address (P.O. Box Number is Not Acceptable)  
3761 N.W. 79TH AVENUE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

**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

x Maria Moncada  
REGISTERED AGENT MUST SIGN

Date 04/28/04

**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
PVSTD	MONCADA, MARIA E	3761 N.W. 79TH AVENUE	CORAL SPRINGS, FL 33065

**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:

x Maria Moncada.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 (754) 422-4269  
Date Daytime Phone #

CR2E081 (01/04)