PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED
03 FEB 20 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/20/03--01043--004 **300.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000106909

1. Corporation Name

Fisher Productions Inc.

2. Principal Office Address	3. Mailing Office Address
3530 SW 144th Ave.	**3530 SW 144th Ave.**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: **Miramar, FL**	City & State: **Miramar, FL**
Zip: **33027** Country: **USA**	Zip: **33027** Country: **USA**

4. Date Incorporated or Qualified To Do Business in Florida: **November 6, 2001**

5. FEI Number: **65-1155792** ☐ 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: **William Fisher**

Street Address (P.O. Box Number is Not Acceptable): **3530 SW 144th Ave.**

Suite, Apt. #, Etc.

City: **Miramar** State: **FL** Zip Code: **33027**

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: **December 27, 2002**

REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	**William Fisher**	**3530 SW 144th Ave.**	**Miramar, FL 33027**

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: _____ **William Fisher** **December 27, 2002** **305-481-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fisher Productions Inc.

3530 SW 144th Ave Miramar, FL 33027 305-481-3330

February 17, 2003

To whom it may concern,

Please be advised that due to a clerical error on the States part, we never received our paperwork to file for the Annual Report. This is the sole reason the paperwork was not filed in time. For this reason I would ask that the State waive the late filing fees.

Thank you,

Bill Fisher
President
Fisher Productions Inc.
65-1155792