

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013767

1. Corporation Name

The Willingham Production Co., Inc.

2. Principal Office Address - No P.O. Box #
4015 W. McNab Rd.

3. Mailing Office Address
P.O. Box 668776

Suite, Apt. #, etc.
D102

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33069

Country
USA

Zip
33066

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/01/2002

5. FEI Number
02-0552087

☒ 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
Barbara C. Willingham

Street Address (P.O. Box Number is Not Acceptable)
4015 W. McNab Rd.

Suite, Apt. #, Etc.
D102

City
Pompano Beach, FL

State
FL

Zip Code
33069

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barbara C. Willingham
REGISTERED AGENT MUST SIGN

Date 04/04/2007

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
P	Barbara C. Willingham	4015 W. McNab Rd.	Pompano Beach, FL 33069
V	Amparo Cespedes	2525 W. Golf Blvd. 118	Pompano Beach, FL 33064

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 contained in Chapter 119, 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: *Barbara C. Willingham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/2007 (954) 647-3794
Date Daytime Phone #

FILED
07 APR -6 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600097579846
04/19/07--01036--017 **750.00

REINSTATEMENT 03-07
CR2E081 (1/07)