

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 8:56

DOCUMENT # P02000030110

1. Entity Name
NOVA GENS PRODUCTIONS, INC.



Principal Place of Business

9909-2 BW 9TH ST CIR
MIAMI, FL 33172

Mailing Address

131 SW 22 AVE
MIAMI, FL 33135

REINSTATEMENT ⁰⁶



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11072006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

75-3034967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MAIDA C
131 SW 22 AVE
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
UNGREDDA, MARIA U
9909-2 BW 9TH ST CIR
MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
UNGREDDA, GIOVANNI A
9909-2 BW 9TH ST CIR
MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900082103219 ☐ Change ☐ Addition
11/28/06--01042--024 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/06 3052216583