

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000032710

1. Corporation Name

FLORIDA PRODUCTIONS, INC

200023553762
10/03/03--01081--009 **158.75

REINSTATEMENT 03

2. Principal Office Address

644 S. Andrews Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7752 NW 124 TERR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33308

Country

US

City & State

PARKLAND FL

Zip

FL

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3-26-02

5. FEI Number

043634836

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

JAMES E PURPURO

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

7752 NW 124 TERRACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9-23-03

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
Dir. Pres	James Purpuro	Same as Above	

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:

[Signature] (James Purpuro)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/03

Daytime Phone #

954 6081199

CR2E081 (10/02)

7/9/25

FLORIDA PRODUCTIONS, INC.

7752 NW 124 Terrace
Parkland, FL 33076
954-608-1199

September 24, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Division of Corporations,

While attempting to acquire a mortgage through Washington Mutual Bank, I was informed that my corporation license had expired. I was unaware of this situation, and received nothing on the status of this problem, probably due to the fact that I had moved a short while back. The representative I spoke with (on 9/23/03) from the Division of Corporations department did acknowledge that these notices did come back to the state as undeliverable.

My hopes are to reinstate my corporation with the \$150 fee (plus \$8.75 for the Certificate of Status). I would deeply appreciate your understanding and acceptance on this matter.

Sincerely,



James Purpuro
Registered Agent
Florida Productions, Inc.