


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 3:43

DOCUMENT # P02000043549

1. Corporation Name

CK Production Multi Service, Inc.

000054214410
05/10/05--01061--001 **458.75

REINSTATEMENT 03-05

2. Principal Office Address 11810 NW 10 th Ave	3. Mailing Office Address 11810 NW 10 th Ave
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33168

Country

USA

Zip

33168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

5. FEI Number

01-0659001

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

Calvin Cadet

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

11810 NW 10th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

REGISTERED AGENT MUST SIGN

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/S/T	CALVIN CADET	11810 NW 10 th Ave	Miami FL 33168

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:

Calvin Cadet

CALVIN CADET

4/1/05

305-685-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

6/1/05

20/2

C K PRODUCTION MULTI SERVICE, INC.
11810 NW 10TH AVE
MIAMI, FL. 33168

04/01/05

Florida Department of State
P. O. Box 6327
Tallahassee, Fl. 32314

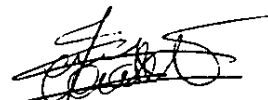
Dear Sir/Madam,

Ref: P02000043549 – C K PRODUCTION MULTI SERVICE, INC

Please find the reinstatement for the above captioned. The agent who prepared my corporate papers used the wrong address and consequently I never received the renewal form. Kindly accept my check in the amount of \$458.75 which represents the years 2003, 2004, and 2005 to include a certificate of status.

Thanking you in advance, I remain,

Sincerely,


Calvin Cadet