

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -6 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200007344

1. Corporation Name

ACHALA PRODUCTIONS, INC.

800024478708
11/06/03--01034--020 **150.00

REINSTATEMENT 03

2. Principal Office Address

8205 W 20TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

8205 W 20TH AVE

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

HIALEAH

Zip

FL

Country

33014

Zip

FL

Country

33014

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2002

5. FEI Number

01-0737175

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

LOPEZ, WILLIAM

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

8205 W 20TH AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

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 11/03/2003

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
DPT	LOPEZ, WILLIAM	8205 W 20TH AVE	HIALEAH, FL 33014
DVS	LOPEZ, ULISSES	8205 W 20TH AVE	HIALEAH, FL 33014

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 LOPEZ

11/03/2003 305-512-4705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

October 31, 2003

Division of Corporation
P.O. BOX 6237
Tallahassee, Florida 32314

Ref: ACHALA PRODUCTION, INC.
Doc # P02000077344

Dear Sir or Madam:

As per our telephone conversation on Friday, October 31, 2003 with your department, please be advice that we never receive your correspondence related to our Corporation Annual Report and or Dissolution notice. After a note from our bank notifying us that our corporation is dissolved we realize that original address was our home that we move at the beginning of this year.

Enclosed please find the Reinstatement form and a check for \$150.00 for the Year 2003 as was instructed by your department.

Please note our correct address is:

8205 W 20th Ave, Hialeah, Florida 33014

Thank you for your attention,



William Lopez, President