

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086496

1. Corporation Name

GOOD VIBES PRODUCTION INC.

2. Principal Office Address

4625 CHERRY ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33417

Country

PALESTINE

3. Mailing Office Address

P.O. BOX 222446

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FL

Zip

33412

Country

PALESTINE

300035053253

04/30/04--01059--001 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/02

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAXWELL O. NUGENT

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

4625 CHERRY ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33417

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

M. Nugent

Date

04-04-04

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.	MAXWELL O. NUGENT	4625 CHERRY ROAD	WEST PALM BEACH FL 33417
VP	KENNETH S. ANDERSON	1493 N. MANGONIA DR	WEST PALM BEACH FL 33401
S/T	JEAN R. WILLIAMS	1223 12TH LANE	PALM BEACH GARDENS FL 33418

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:

M. Nugent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)
04-04-04 687-7975

Date

Daytime Phone #

CR2E081 (10/02)

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5th April, 2004,
Good Vibes Production Inc.,
4625 Cherry Road.,
West Palm Beach,
Florida, 33417

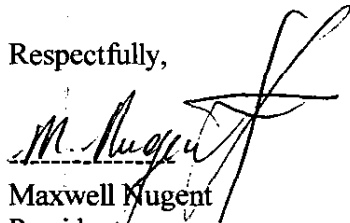
Division of Corporations,
P.O Box 6327,
Tallahassee
Fl., 32314

Dear Sir / Madam,

This is to inform you that we did not receive the uniform business report due to the fact ²⁰⁰³ that we had an address change from 1640 Crooked Stick Way, Greenacres FL, 33413 to the abovementioned address.

As per a recent conversation with M. Nugent/ E. Peterson, we hereby submit forms along with \$ 300.00 for the reinstatement of Good Vibes Production Inc.,

Respectfully,



Maxwell Nugent
President