

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 PM 2:03

DOCUMENT # P02000087860

1. Corporation Name

PRODUCER'S CIRCLE, INC.

Principal Place of Business

Mailing Address

555 NE 15TH STREET 7TH FLOOR SUITE 7730
MIAMI FL 33132

555 NE 15TH STREET 7TH FLOOR SUITE 7730
MIAMI FL 33132



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

55-0791406

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Virginia Lopez	555 NE 15th Street Suite 7730	Miami, FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

By SPIEGEL & UTRERA, P.A.
REGISTERED AGENT MUST SIGN

Date

10/13/03

11. 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:

SPIEGEL & UTRERA, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

(305)579-5950
Daytime Phone #

PRODUCER'S CIRCLE

555 N.E. 15th Street Suite 7730

Miami, Fl. 33132

Phone: (305)577-0034 Fax: (305)577-0664

Date: October 13, 2003

To: Florida Department of State
Division of Corporations

From: Virginia Lopez
President

Re.: Reinstatement FEI: 55-0791406

This is to inform you that on April 30, 2003 we sent the check in the amount of \$ 150.00 together with the annual report form. We got the form back because we forgot to sign it and we sent it back again.

We are now sending the reinstatement form signed. We believe we sent the check on time. Please find attached copy of check.

Please reinstate our company as soon as possible.

Thank you for your prompt attention to this matter.