

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000092102**

1. Corporation Name

SOP TV & PRODUCTIONS, INC

900025525619
12/16/03--01034--005 **150.00

REINSTATEMENT 2003 WOP

2. Principal Office Address

12700 BISCAYNE BLVD

Suite, Apt. #, etc.

400

City & State

MIAMI FL

Zip

33181

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

03-0479817

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

VINCENT W. SPENCE

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

12700 Biscayne Blvd. #400

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33181

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

(X)

REGISTERED AGENT MUST SIGN

Date

(X) 11-24-03

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
PRES	VINCENT W. SPENCE	12700 Biscayne Blvd #400	MIAMI FL 33181
VP	VINCENT W. SPENCE	12700 Biscayne Blvd #400	MIAMI FL 33181
ST	VINCENT W. SPENCE	12700 Biscayne Blvd #400	MIAMI FL 33181

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:

(X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X)

11-24-03 (X) 305-595-5825

Date

Daytime Phone #

CR2E081 (10/02)

**SOP TV
PRODUCTIONS, INC.**

12700 Biscayne Blvd. Suite 400
Miami, Florida 33181
Office (305)895-8825
Fax (305)895-8827

282

November 24, 2003

To: Department Of State
Division Of Corporations

Fr: Vincent W. Spense
President

Re: Reinstatement

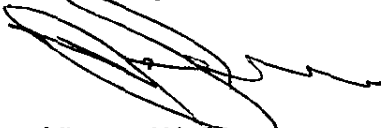
To Whom It May Concern:

Enclosed you will find the Reinstatement form along with the annual fee of \$150.00 in a money order. The number is 686772193.

We moved our office to a new location during this year and we had all of our mail forwarded by the post office, however we never received the UBR form for the year 2003.

Based on not receiving the UBR form, I am requesting that the late fee be waived.

Sincerely,



Vincent W. Spense
President