


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000099432

1. Corporation Name

SLEEPY SPLU PRODUCTIONS, INC.

Principal Place of Business

7103 SW 102 AVE STE A
MIAMI FL 33173

Mailing Address

7103 SW 102 AVE STE A
MIAMI FL 33173

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STAFF, NIGEL	6600 SW 102 AVE STE A 7103 SW 102 AVE, Suite A	MIAMI FL 33173

000060501080
10/11/05--01066--020 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAKS, DEBORAH R
6602 SW 102 AVE STE A
MIAMI FL 33173

Name Deborah R. Waks, Esq.
Street Address (P.O. Box Number is Not Acceptable)
7103 S.W. 102 Ave, #
Suite, Apt. #, Etc.
Suite A
City Miami
State FL Zip Code 33173

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


REGISTERED AGENT MUST SIGN

Date 9/30/05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Nigel A. Staff

9/30/05

Date

Daytime Phone #

(305)
271-8282

FILED

2005 OCT -7 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (7/03)