PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 13 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500088462505
02/16/07--01004--002 **300.00

DOCUMENT # P02000101260

1. Corporation Name

BROADWAY PRODUCTIONS INC.

W07-6435

REINSTATEMENT 03-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
505 MOON RISE DR.	505 MOON RISE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State: PORT ORANGE, FL
Zip: 32127 Country: US	Zip: 32127 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/2002

5. FEI Number: 20-8299134 ☑ 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: DOREEN CAMERON

Street Address (P.O. Box Number is Not Acceptable): 505 MOON RISE DR.

Suite, Apt. #, Etc.

City: PORT ORANGE State: FL Zip Code: 32127

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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02/16/07--01004--003 **300.00

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: Doreen Cameron — Date: 1-29-07
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	DOREEN CAMERON	505 MOON RISE DR	PORT ORANGE, FL 32127
VP	RUTH SCHMIDT	505 MOON RISE DR.	PORT ORANGE, FL 32127
AVP	ANA TERESA PACHECO	709 CALABRIA DR.	ALTAMONTE SPRINGS, FL 32714
AVP	LUZ MARIA DEJESUS COLON	32 SAN JOSE CIR	WINTER PARK, FL 32792
		2/13	500088462505 02/16/07--01004--004 **150.00

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 contained in Chapter 119, 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: Doreen Cameron — 1-29-07 — 386-316-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #