

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000105824

1. Corporation Name

CRAZY DREAM PRODUCTIONS, INC.

2. Principal Office Address

2104 N.W. 38TH ST

Suite, Apt. #, etc.

#1

City & State

MIAMI, FL.

Zip

33142

Country

U.S.A

3. Mailing Office Address

2104 N.W. 38TH ST

Suite, Apt. #, etc.

#1

City & State

MIAMI, FL.

Zip

33142

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

10-1-02

5. FEI Number

74-3063376

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

ERIC JIMENEZ

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

2104 N.W. 38TH STREET

Suite, Apt. #, Etc.

#1

City

MIAMI

State

FL

Zip Code

33142

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

Eric Jimenez

REGISTERED AGENT MUST SIGN

Date

4-12-04

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	ERIC JIMENEZ	2104 N.W. 38TH ST. #1	MIAMI, FL. 33142
T	WILDA AZEVEDO	1526 WESTCHESTER AVE.	WELLINGTON, FL 33414

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:

Eric Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-04

Daytime Phone #

(986) 426-0044

CR2E01 (01/04)

2 of 2

04.12.04



To: Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida
32302-1500

To Whom It May Concern;

I am writing in regards to the Corporation registered under the name Crazy Dream Productions, Inc. which was dissolved due to failure to file the 2003 Uniform Business Report for Crazy Dream Productions, Inc.

I contacted the Florida Division of Corporations for advice on how to resolve this matter and reinstate the Corporation. I was advised to send a letter explaining that we did not receive the prior notice and want the Corporation to be reinstated, along with a \$300.00 filing fee. I am enclosing the extra \$8.75 for a current certificate of status of the Corporation, bringing the total to \$308.75.

I was advised because this was the first time notice, the late fee can be waived. I believe we did not receive the report because we have moved our address from 9521 East Bay Harbor Drive Suite #17, Bay Harbor Islands, Florida 33154 to 2104 N.W. 38th street, Suite #1 in Miami, Florida 33142. This is the current office address.

If you have any questions or concerns, please feel free to contact me.

Respectfully,

Eric Jimenez
President