

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000119132**

1. Corporation Name

Chuck Bennett Productions, Inc.

2. Principal Office Address - No P.O. Box #

1318 Aventura Way

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32940

Country

USA

3. Mailing Office Address

P.O. Box 410051

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32941-0051

Country

USA

FILED

09 DEC -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163472728

12/09/09--01030--003 ***300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2002

5. FEI Number

743067770

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

Charles A. Leverich Jr.

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

1318 Aventura Way

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

☒ 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.

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

Charles A. Leverich Jr.
REGISTERED AGENT MUST SIGN

Date 12/03/09

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	Charles A. Leverich Jr.	1318 Aventura Way	Melbourne, FL 32940

REINSTATEMENT

08-09

DEC - 9 2009

10. E-mail Address: chuck@chuckbennett.tv

(To be used for future annual report notification)

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. I further certify, 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:

Charles A. Leverich Jr. Pres.

Charles A. Leverich Jr. Pres.

12/3/09

3212589280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #