

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000120151

1. Corporation Name

FIFALOW PRODUCTIONS, INC.

2. Principal Office Address

6514 NORTH 40TH STREET

Suite, Apt. #, etc.

A

City & State

TAMPA, FL

Zip

33610

Country

USA

3. Mailing Office Address

3315 N. JEFFERSON STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33603

Country

USA

FILED

04 MAY 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/08/2002

5. FEI Number

14-1858310

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

GAY, DAVID LEE

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

3315 N. JEFFERSON STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

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

Date 4/15/2004

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
PD	GAY, DAVID LEE	3315 N. JEFFERSON STREET	TAMPA, FL 33603

400033218704
04/21/04--01003--002 **750.00

400033218704
05/18/04--01036--002 **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 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

4/15/04 (813) 204-9242

Date

Daytime Phone #

CR2E061 (01/04)