

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000132966**

1. Corporation Name

METEORO PRODUCTIONS CORP.

Principal Place of Business

Mailing Address

2840 GRAND BEND COURT
ORLANDO FL 32809

2840 GRAND BEND COURT
ORLANDO FL 32809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2840 Grand Bend Ct

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL 32837

City & State

Zip
32837

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CORREA, TEOFILO P	2840 GRAND BEND COURT	ORLANDO FL 32837

300023857373

10/16/03--01059--008 **150.00

10/20

8. Name and Address of Current Registered Agent

CONTAXGONZALEZ SERVICE CORP.
4144 W.OAKRIDGE ROAD
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name **Contax Gonzalez Service Corp.**
Street Address (P.O. Box Number is Not Acceptable)
4142 W. OAKRIDGE Rd Ste 102
Suite, Apt. #, Etc.
102
City **Orlando** State **FL** Zip Code **32809**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct-13-2003

Orlando, FL October 13, 2003

TO:
Uniform Business Report
Division of Corporations

FROM:
Meteoro Productions Corp.
2840 Grand Bend Court
Orlando, FL 32837

Dear Sir:

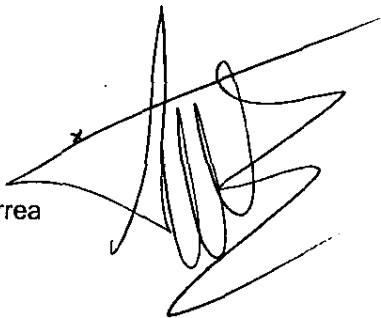
Ours company was created in December 19 of 2002. As a President of my company, I didn't have knowledge regarding to the annual report that it was supposed to be done the form UBR. Besides I never received the UBR form, to be fillet it out for us.

I ask you to consider the situation, revised this, because I got a letter from you, that it said that I have to paid a elevated penalty, because of my econimical situation , I won't be able to paid that amount.

I will promise this is not going to happen again.

Sincerely:

Teofilo P. Correa
President

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned to the right of the printed name and title.