

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 13 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000009563

**1. Corporation Name**

Estacy Production Inc.

**2. Principal Office Address**

4044 W Lake Mary Blvd.

**Suite, Apt., #, etc.**

#104-147

**City & State**

Lake Mary, FL

**Zip**

32746

**Country**

USA

**3. Mailing Office Address**

4044 W Lake Mary Blvd.

**Suite, Apt., #, etc.**

#104-147

**City & State**

Lake Mary, FL

**Zip**

32746

**Country**

USA

**REINSTATEMENT**

CR2E081 (12/05)

04-06

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

01/27/2003

**5. FEI Number**

43-1997984

**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**

Harold Hepburn

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

4044 W Lake Mary Blvd.

**Suite, Apt., #, Etc.**

#104-147

**City**

Lake Mary

**State**

FL

**Zip Code**

32746

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/10/2006

**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	Harold Hepburn	4044 W Lake Mary Blvd.	Lake Mary, FL 32746

400080825014  
10/13/06--01034--010 \*\*450.00

**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:

*[Signature]*

HAROLD HEPBURN PRESIDENT

Date

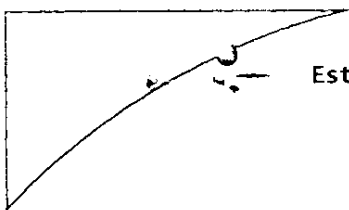
10/10/2006

Daytime Phone #

914 562 7403

10/11/06

2/2



**Estacy Production Inc.**

4044 W Lake Mary Blvd.  
104-147  
Lake Mary, FL 32746  
USA

Phone: 914-562 7403

October 10, 2006

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Corporation Reinstatement – Estacy Production Inc. (Ref P03000009563)**

Dear Sirs:

Please be advised that we have not received the 2004, 2005 and 2006 annual report notices.

Our mailing address is as follows:  
4044 W Lake Mary Blvd, #104-147  
Lake Mary, FL 32746

Our accountants have enclosed a check for \$450 regarding the reinstatement of the captioned corporation and a completed reinstatement form.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'H. Hepburn'.

Harold Hepburn, President

