

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 MAR -6 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000071803**

1. Corporation Name

Entre nous Productions *Entre nous Productions*

REINSTATEMENT *04-06 PC*

2. Principal Office Address

388 S.E 2 nd Avenue

Suite, Apt. #, etc.

A

City & State

Delray Beach FL

Zip

33483

Country

broward

3. Mailing Office Address

388 S.E 2 nd Avenue

Suite, Apt. #, etc.

A

City & State

Delray Beach FL

Zip

33483

Country

Broward

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

N/a

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

Venel Gaubert

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

388 S.E 2 nd Avenue

Suite, Apt. #, Etc.

A

City

Delray Beach FL

State

FL

Zip Code

33483

900067888649
03/15/06--01011--019 **451.75

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

X VENEL GAUBERT

REGISTERED AGENT MUST SIGN

Date

12/18/05

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	Venel Gaubert	388 S.E 2 nd Avenue	Delray Beach FL 33483
S	Venel Gaubert	388 S.E 2 nd Avenue	Delray Beach FL 33483

REINSTATEMENT *04-06*

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:

X VENEL GAUBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #