

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 25 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H0300000270490~~

1. Corporation Name

EIGHT BALL PRODUCTIONS INC19500

P03000098061

2. Principal Office Address

19500 Christmas Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33157

Country

USA

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0208691

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

James Graham

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

19500 Christmas Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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 03/22/2005

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	Dorothy Graham	19500 Christmas Road	Miami, FL 33176
STDi	James Graham	19500 Christmas Road	Miami, FL 33176
			000049885640 04/05/05--01008--003 **308.75

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

03/22/2005

Date

305-803-8247

Daytime Phone #

CR2E081 (01/05)

SOUTHWEST ACCOUNTING CENTER INC



10381 SW 186 ST ♦ P. O. Box 191577 ♦ Miami, FL
Phone 305-255-2511 ♦ Fax 305-255-7313

March 22, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

RE: EIGHT BALL PRODUCTIONS, INC.
H03000270490

Gentlemen:

Please be advisedf that my clients never received the Annual Report for 2004.
Enclosed please find the Reinstatement form for 2005 and a check in the
amount of \$308.75.

Thank you so much for your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER INC

Handwritten signature of Regina Lloret in cursive script.

Regina Lloret
President

Handwritten signature of Dorothy Graham in cursive script.

Dorothy Graham