

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 14 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000116610

1. Corporation Name

Society Productions International, Inc

2. Principal Office Address - No P.O. Box #

1074 Ne 204 Terrace

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33179

Country

Miami-Dade

3. Mailing Office Address

1074 Ne 204 Terrace

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33179

Country

Miami-Dade

300123282553
04/14/08--01051--016 **750.00

REINSTATEMENT CR2E081 (2/07) 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2003

5. FEI Number

☒ 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

Marcus Effinger

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

1074 Ne 204 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marcus Effinger
REGISTERED AGENT MUST SIGN

Date 4/09/2008

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
D	MARCUS A. EFFINGER	1074 NE 204 TERR Miami, FL. 33179	Miami, FL. 33179
D	Pearl W. Pedro	572 NORTHERN PKWY	Uniondale, N.Y. 11553
D	Debbie Z. Bennett	4510 NW 33RD AVE	Miami, FL. 33142

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:

Marcus Effinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/2008 786-586 9197
Date Daytime Phone #