

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000095044

1. Corporation Name

Princess Pm Productions Inc.

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

6511 Nova Drive

Suite, Apt. #, etc.

#183

3. Mailing Office Address

4271 SW 109 Ave

Suite, Apt. #, etc.

City & State

Dave FL

City & State

Dave FL

Zip

33317

Country

USA

Zip

33328

Country

USA

7. Name and Address of Current Registered Agent

Name

Patricia Montague-Collie

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

4271 SW 109 Ave

Suite, Apt. #, Etc.

City

Dave

State

FL

Zip Code

33328

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

Patricia Montague-Collie

REGISTERED AGENT MUST SIGN

Date

May 3, 2010

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
<u>P</u> <u>President</u>	<u>Patricia Montague-Collie</u>	<u>4271 SW 109 Ave</u> <u>Dave FL 33328</u>	<u>Dave FL 33328</u>
<u>D</u>	<u>Abe Christopher Collie</u>	<u>4271 S W 109 Ave</u>	<u>Dave FL 33328</u>

10. E-mail Address:

patmontague@princesspmproductions.com

(To be used for future annual report notification)

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. I further certify, 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:

Patricia Montague-Collie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/2010 (954) 260-2013

Daytime Phone #

FILED

10 MAY -6 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000180497260

05/06/10--01034--013 \*\*450.00

CR2E08144108-10

REINSTATEMENT

4. Date of Reinstatement To Do Business in Florida June 22, 2004

5. FEI Number

65-0827605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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