

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000106064**

1. Corporation Name

REGICIDE PRODUCTIONS INC.

000156215270
05/20/09--01007--021 **500.00

CR2E081 (12/08)

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

4150 NW 34th St.

3. Mailing Office Address

P.O. Box 528

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

LANDRADALE LAKES, FL

City & State

DUNDEE, FL

Zip

33319

Country

Zip

33838

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

86-1110885

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

Christopher Reed

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

4150 NW 34th St.

Suite, Apt. #, Etc.

210

City

LANDRADALE LAKES

State

FL

Zip Code

33319

☒ 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

[Signature]

Date

5/20/09

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
P	Christopher Reed	4150 NW 34th St Apt. 210	Landradale Lakes, FL 33319
VP/S	Priscilla Reed	265 Lion Farm	Csted USVI 00823
VP/T	LAMY Reed	" "	" "
T/S	Michael George	" "	" "

000156215270
05/20/09--01007--022 **100.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/09

Date

Daytime Phone #

863-572-3254
863-234-0641