

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 25 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000063065

1. Corporation Name

EK PRODUCTIONS, INC.

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 210 Woodvine Avenue		3. Mailing Office Address 210 Woodvine Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Temple Terrace, Florida		City & State Temple Terrace, Florida	
Zip 33617	Country	Zip 33617	Country

4. Date Incorporated or Qualified To Do Business in Florida	
04/28/2005	
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street		
Suite, Apt. #, Etc. 4th Floor		
City Miami	State FL	Zip Code 33145

☒ 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 By: *Natalia Utrera*
Natalia Utrera, Vice President
REGISTERED AGENT MUST SIGN

Date 9/24/07

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
PSTD	Kramp, Eric	210 Woodvine Avenue	Temple Terrace, Florida 33617

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09/28/07--01055--010 **150.00

REINSTATEMENT 07 ps

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: *Eric Kramp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/07
Date Daytime Phone #