

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 19 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000113087

1. Corporation Name P&M Productions of South FL.

REINSTATEMENT 06-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 7521 SW 6th Street

Suite, Apt. #, etc.

3. Mailing Office Address 7521 SW 6th Street

Suite, Apt. #, etc.

City & State Pompano Beach, FL

Zip 33068 Country Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 64-0952377

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 Patrick Wilcox

Street Address (P.O. Box Number is Not Acceptable)
7521 S.W. 6th Street

Suite, Apt. #, Etc.

City Pompano Beach State FL Zip Code 33068

☒ 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 Patrick Wilcox

Date 5.16.08

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
President	PATRICK WILCOX	7521 SW. 6th Street	Pompano Beach, FL 33068
Vice Pres.	Marlene Wilcox	11	11

06/05/08-01018-012 **450.00

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: PATRICK WILCOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.16.08 984775.4629

Date

Daytime Phone #