

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000003935

1. Entity Name  
NU-WAY PRODUCTIONS, INC.



FILED

2007 OCT 10 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1941 NW 21ST ST.  
MIAMI, FL 33142

Mailing Address  
1941 NW 21ST ST.  
MIAMI, FL 33142



10052007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
55-0912719

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MONTEJO, ORLANDO  
1941 NW 21ST ST.  
MIAMI, FL 33142

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MONTEJO, ORLANDO  
STREET ADDRESS 1941 NW 21ST ST.  
CITY-ST-ZIP MIAMI, FL 33142 ☐ Delete

TITLE VSD  
NAME MARANTE, ALINA  
STREET ADDRESS 1941 NW 21ST ST.  
CITY-ST-ZIP MIAMI, FL 33142 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2786 SW 30 CT  
CITY-ST-ZIP Miami FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 000110605480  
CITY-ST-ZIP 10/10/07--01054--002 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/07

786-586-0585