

LEED

The seal of the State of New York, featuring a central figure holding a staff and a shield, surrounded by the text "SEAL OF THE STATE OF NEW YORK" and "1784".

10 FEB 22 PM 3:47

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05-10

Everlong Productions, Inc.

REINSTATEMENT

600170225126
02/23/10--01003--019 **458.75

3. Mailing Office Address

112154, 3rd Term

Suite, Apt. #, etc.

City & State

Pompano Sch, FL

Country
USA

3/15/2007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

Name Joshua Brown

1121 SW 3rd Terrace

Suite, Apt. #, Etc.

City Pompano Beach

State
FL

Zip Code
3060

☒ 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**

REGISTERED AGENT MUST SIGN

Date 2/18/2010

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
P	Joshua Brown	1121 S.W. 3rd Terrace	Pompano Bch, FL 33060

M. MILLIGAN
EXAMINER


FEB 23 2010

10. E-mail Address: elongproductions@yahoo.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:

poration have been paid. I further certify, the information indicated on this
h. 
: _____