

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR 25 PM 1:17

02/05/08 01018 011
TALLAHASSEE, FLORIDA 875



04252008 REIN-P CR2E098 (1/07)

DOCUMENT # P06000038906

1. Entity Name
BIZARRE DUDE PRODUCTIONS INCORPORATED



Principal Place of Business
18860 MAISONS DRIVE
LUTZ, FL 33558 US

Mailing Address
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18860 Maisons Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz, FL

Zip

Country

Zip

Country

33558

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALLON, RENEE
18860 MAISONS DRIVE
LUTZ, FL 33558

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 *Renée Fallon*

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

(NOTE: Registered Agent signature required when reinstating)

A-25-08

DATE

FILE NOW!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FALLON, TIMOTHY
STREET ADDRESS 18860 MAISONS DRIVE
CITY - ST - ZIP LUTZ, FL 33558 ☐ Delete

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

TITLE V
NAME FALLON, RENEE
STREET ADDRESS 18860 MAISONS DRIVE
CITY - ST - ZIP LUTZ, FL 33558 ☐ Delete

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

TITLE T
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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE S
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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D
NAME FALLON, TIMOTHY
STREET ADDRESS 18860 MAISONS DRIVE
CITY - ST - ZIP LUTZ, FL 33558 ☐ Delete

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TITLE D
NAME FALLON, RENEE
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CITY - ST - ZIP LUTZ, FL 33558 ☐ Delete

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 like empowered.

SIGNATURE: *Renée Fallon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-25-08 (727) 424-3967

Date

Daytime Phone #

REINSTATEMENT

RH