

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000106422

1. Corporation Name

1K Productions, Inc.

2. Principal Office Address - No P.O. Box #

1235 S.W. 6th St.

Suite, Apt. #, etc.

Suite #8

City & State

Miami FL

Zip

33135

Country

U.S.A

3. Mailing Office Address

1235 S.W. 6th St.

Suite, Apt. #, etc.

Suite #8

City & State

Miami FL

Zip

33135

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Maciel Cuellar

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

1235 S.W. 6th St.

Suite, Apt. #, Etc

Suite #8

City

Miami

State

FL

Zip Code

33135

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

Maciel Cuellar

REGISTERED AGENT MUST SIGN

Date 12/31/09

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	Ivo Karlovic	1235 S.W. 6th St.	Miami, FL 33135

10. E-mail Address: 1K1Kproductions@gmail.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:

Maciel Cuellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/09

Daytime Phone #

FILED

10 JAN -8 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

000165319490
01/08/10--01026--002 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/5/08

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.