

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000041050

1. Corporation Name

BIRDFLOWER PRODUCTIONS, INC.

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

2466 STONEBRIDGE DR

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32065

Country

CLAY

3. Mailing Office Address

2466 STONEBRIDGE DR

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32065

Country

CLAY

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/06/2013

5. FEI Number

46-2020261

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

MICHAEL CEASER

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

1840 SOUTHSIDE BLVD. BLDG #2A

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

500265934395
10/28/14--01023--001 **750.00

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

10/23/14

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
D	DONALD BENNETT	2466 STONEBRIDGE DR.	ORANGE PARK, FL. 32065
			OCT 28 2014
			M WILLIAMS

10. E-mail Address: **DANSAD1@HOTMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donald Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/14

Date

Daytime Phone #

703.401.2590