

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004666

1. Corporation Name

J.C. PRODUCTIONS, INC

2. Principal Office Address

300 ARAGON AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

###

Country

DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/1993

5. FEI Number

65-0384797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

COBAS, JUAN

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

300 ARAGON AVENUE, SUITE #205

Suite, Apt. #, Etc.

SUITE #205RS, FL 33134

City

CORAL GABLES

State

FL

Zip Code

33134

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 04/27/04

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
PD	COBAS, JUAN	1020 N.W.34th AVENUE	MIAMI, FL 33125
VSD	BRACERAS, LOURDES	1020 N.W.34th AVENUE	MIAMI, FL 33125

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

(305)663-5407

Daytime Phone #

CR2E081 (01/04)