PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 AM 8: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063213

1. Corporation Name

PRODUCERS AND COMPANY, INC.

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
3190 WILLOW LANE	3190 WILLOW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 09/10/1993

City & State	City & State
WESTON, FLORIDA	WESTON, FLORIDA

5. FEI Number 13-3610628 | Applied For / Not Applicable

Zip	Country	Zip	Country
33331	USA	33331	USA

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

7. Name and Address of Current Registered Agent

Name
STACY BORNSTEIN

Street Address (P.O. Box Number is Not Acceptable)
3190 WILLOW LANE

Suite, Apt. #, Etc.

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City	State	Zip Code
WESTON	FL	33331

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 _Stacy Bornstein_   REGISTERED AGENT MUST SIGN   Date 05/21/2003

CR2E081 (10/02)

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 Officers and/or Director	City/State/Zip
P,D	STACY BORNSTEIN	3190 WILLOW LANE	WESTON, FL 33331

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: _Stacy Bornstein_   STACY BORNSTEIN   05/21/03   954.389.2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

STF FL32524F.1