

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 APR 11 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064168**

1. Corporation Name

BLUE BIRD PRODUCTIONS & MANAGEMENT, INC

2. Principal Office Address

12586 SE 140th Ave

Suite, Apt. #, etc.

City & State

OCCLAHAWA

Zip

32179

Country

USA

3. Mailing Office Address

P.O. Box 1513

Suite, Apt. #, etc.

City & State

OCCLA FL

Zip

34478

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1993

5. FEI Number

☒ 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

Phillip H. BARE

900004035079--6

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

12586 SE 140th Ave

04/20/01-01010-021

*****1800.00 ***1800.00**

Suite, Apt. #, Etc.

City

OCCLAHAWA FL

State
FL

Zip Code

32179

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

Phillip H. Bare

Date

4/11/01

REGISTERED AGENT MUST SIGN

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
Pres	Phillip H. BARE	12586 SE 140th Ave	OCCLAHAWA FL 32179
Sec	" "	" "	" "
Tres	" "	" "	" "

REINSTATEMENT 94-2001

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:

Phillip H. Bare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

Daytime Phone #

8005414640

CR2E081 (9/00)