PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 22 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1350.00 ***1350.00

DOCUMENT # P93 0000 679 35

1. Corporation Name
Industry Production, Inc.

Principal Place of Business	Mailing Address
4045 Sheridan Ave Miami Beach FLA 33140 STE. 261	4045 Sheridan Ave Miami Beach FLA 33140 Ste 261

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4045 Sheridan Ave	4045 Sheridan Ave
Suite, Apt. #, etc. #261	Suite, Apt. # 261
City & State Miami, Florida	City & State Miami, Florida
Zip 33140 Country USA	Zip 33140 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/29/93

5. FEI Number 65-0446071 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Michael J. CiFarelli	1688 meridian Ave	miami Florida 33139

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TS 5/27

8. Name and Address of Current Registered Agent

Edward E Levinson
407 lincoln Rd. PH South Feast
M B FL 33139 US

9. Name and Address of New Registered Agent

Name: Michael J. CiFarelli
Street Address (P.O. Box Number is Not Acceptable): 4045 Sheridan ave
Suite, Apt. #, Etc: #261
City: Miami Beh State: FL Zip Code: 331

CR2E040 (1/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: M C Jalle. Date: 5/12/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: M C Jalle. 5/12/98 212 727-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #