

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 AUG 31 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067935  
1. Corporation Name Industry Productions, Inc.

Principal Place of Business 1688 meridian ave  
Miami FL 33139  
ste 1021  
Mailing Address 1688 meridian ave  
Miami FL 33139  
ste 1021

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

2. New Principal Office Address, If Applicable  
1688 Meridian ave  
Suite, Apt. #, etc. 1021  
City & State Miami Florida  
Zip 33139 Country USA  
3. New Mailing Office Address, If Applicable  
1688 meridian Ave  
Suite, Apt. #, etc. 1021  
City & State Miami Florida  
Zip 33139 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 ☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Michael CiFarelli	29 Prospect street	Gen Head, NY 11545

600002630446-3  
-09/01/98--01068--012  
\*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

Michael CiFarelli  
1688 meridian ave  
1021  
Miami, Florida 33139

9. Name and Address of New Registered Agent

Name Michael CiFarelli  
Street Address (P.O. Box Number is Not Acceptable)  
1688 meridian ave  
Suite, Apt. #, Etc. 1021  
City Miami State FL Zip Code 33139

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 J CiFarelli  
REGISTERED AGENT MUST SIGN

Date 8/29/98

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 J CiFarelli M J CiFarelli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/98 212 727 0644  
Date Daytime Phone #