

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012558

1. Corporation Name

G5.PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

8000 WEST DRIVE
APT 325
NORTH BAY VILLAGE FL 33141

8000 WEST DRIVE
APT 325
NORTH BAY VILLAGE FL 33141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	02/08/1994
5. FEI Number	65-0503132
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	68.75 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)

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	GOODLY, ERNEST C	8000 WEST DRIVE	NORTH BAY VILLAGE FL 33141
VP	GOODLY, MAUREEN J	8000 WEST DRIVE	NORTH BAY VILLAGE FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODLY, ERNEST C
8000 WEST DR.
APT 325
NORTH BAY VILLAGE FL 33141

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ernest C. Goodly
REGISTERED AGENT MUST SIGN

Date 11/23/98

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:

Ernest C. Goodly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 (305) 759-7161
Date Daytime Phone #
0028306 AF