	PLEAS	E READ A	LL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
APPLICATION FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILED			
DOCUMENT # P9400054020					RATIONS	96 DEC 30 AMIO: 23			
1 Corporation Name ULI PRODUCTIONS, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
·						".=			
Principal Place of Business Mailing Address 720 N. W. 67TH AVENUE 720 N. W. 67TH AVENUE									
PLANTATION FL 33317 PLANTATION FL 33317									
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						REINSTATEMENTO			
Suite, Apt.			Suite, Apt. #, etc.			To Do Busir	ness In Florida 07	/19/1994	
City & State			City & State			5. FEI Number	65-0562239	Applied For Not Applicable	
Zip	Country		Zip	Count		l. <u> </u>	OF STATUS DESIRED	Additional Fee required a Certificate of Status	
Title(s)	and/c	ach Officer and/or of Officers or Directors	Director (Flor	St	ations must list at lea reet Address of Each fficer and/or Director lse Post Office Box N		City / Sta	le / Zlo	
PD	HARVEY, BERNARD			720 N. W. 6711		PLANTATION FL 33317			
•		···-	-			<del>-</del>			
•						300020453533 -01/03/9701135002 ****375.00 *****375.00			
•			:		·				
							JBD	3)-96	
8. Name and Address of Current Registered Agent Name						9. Name and A	Address of New Registered A	gent g	
HARVEY, BERNARD 720 N. W. 67TH AVENUE PLANTATION FL 33317						Street Address (P.O. Box Number is Not Acceptable)  Suite Apt. #. Fic.			
					Suite, Apt. #, Etc.	City State Zip Code			
10. I, boin	g appointed the registered a	agent of the above	named corpo	ration, am familiar v	vith and accept the of	bligations of Secti	FL		
Signature o Registered		REG	ISTERED AG	ENT MUST SIGN	JIRED	****	Date DEC 2/	76	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)									
this roir owed b	nstatement application, the	reason for dissolu n paid and the na	ition has been mes of individi	eliminated, the corp uals listed on this fo	orate name satisfies rm do not qualify for	the requirements an exemption und	pter 607 or 617, F.S. 1 further of socion 607.0401 or 617,04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	
SIGNA		O TYPED OR PRINT	ED NAME OF T	MONING OFFICER OR	DIRECTOR	D	EC 21, 96 94 Date/ Day	54-797-9837	