

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000062978

1. Corporation Name

Down Low Productions, Inc

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

9965 Miramar Parkway

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

9965 Miramar Parkway

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33025

Country

Zip

33025

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/1994

5. FEI Number

65-0548381

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/C	Walter Clark	3361 S.W. 179 Avenue	Miramar, FL 33029
			700003284347- - 9 -06/12/00--01023--006 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Walter Clark
3600 N.W. 210 Terrace
Carol City, FL 33056

9. Name and Address of New Registered Agent

Name

Walter Clark

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

3361 S.W. 179 Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

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

Walter Clark

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes 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.

KE

SIGNATURE:

Walter Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99

Date

(954) 704-8722

Daytime Phone #

CR2E081 (12/98)