

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 11 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071709

1. Corporation Name

Magic Dog Productions, Inc.

REINSTATEMENT 03

800025400398
12/10/03--01068--022 **750.00

2. Principal Office Address

C/O KTG & S. Registered Agent Corporation

Suite, Apt. #, etc. Agent Corporation

One International Place # 2800

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

C/O KTG & S. Registered Agent Corporation

Suite, Apt. #, etc. Agent Corporation

One International Place # 2800

City & State

Miami, Florida

Zip

33131

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/29/1994

5. FEI Number

65-0543040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KTG & S. Registered Agent Corporation

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

One International Place Suite 2800

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/8/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Richard Roffman	200 SE 1st Street Suite #601	Miami, Florida 33131
DST	James P. Faber	200 SE 1st Street Suite #601	Miami, Florida 33131

10. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Roffman

Date

12-03-03

Daytime Phone #

(305) 379-1118

CR2E081 (10/02)