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
96 NOV 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083718

1. Corporation Name

GLITTER TWINS PRODUCTION, INC.

W96-22176

Principal Place of Business / Mailing Address

c/o Michael Debrecht
300 N.W. 5th Avenue
Boca Raton, Florida 33432

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

REINSTATEMENT 95-96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: November 14, 1994

5. FEI Number: 65-0546126 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Director	Michael Debrecht	300 N.W. 5th Avenue	Boca Raton, Florida 33432
Director	Frank Correggio	10948 N.W. 30th Place	Sunrise, Florida 33322
Director	Kenneth Bailes	1011 W. Royal Palm Road	Boca Raton, Florida 33486
			700002010647--5
			-11/21/96--01019--003
			****575.00 ****575.00

SBI-19-96

8. Name and Address of Current Registered Agent

Kaplan & Bloom, P.A.
3900 Woodlake Boulevard
Suite 212
Lake Worth, Florida 33463

9. Name and Address of New Registered Agent

Name: MICHAEL G. DEBRECHT
Street Address (P.O. Box Number is Not Acceptable): 300 NW 5TH AVE
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33432

CR2E040 (1/96)

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: Kaplan & Bloom, P.A., By: M.G. Debrecht
REGISTERED AGENT MUST SIGN
Date: 11-14-96

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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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: Frank A. Correggio 10/10/96 954 748 1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #