

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 # P94000083718**

1. Corporation Name

**GLITTER TWINS PRODUCTION, INC.**

Principal Place of Business

C/O MICHAEL DEBRECHT  
300 N.W. 5TH AVENUE  
BOCA RATON FL 33432

Mailing Address

C/O MICHAEL DEBRECHT  
300 N.W. 5TH AVENUE  
BOCA RATON FL 33432

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 98**

*C/o Branstetter Tax & Fin.*  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

*400 S. Dixie Hwy*

Suite, Apt. #, etc.

*#423*

City & State

*Boca Raton FL*

Zip

*33432*

Country

*USA*

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/14/1994

5. FEI Number

65-0546126

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DEBRECHT, MICHAEL	300 NW 5TH AVE.	BOCA RATON FL 33432
D	CORREGGIO, FRANK	10948 NW 30TH PLACE	SUNRISE FL 33322
D	BAILES, KENNETH	1011 W. ROYAL PALM RD.	BOCA RATON FL 33486

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

DEBRECHT, MICHAEL G  
300 NW 5TH AVE.  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name  
*Robert L. Branstetter, Jr*  
Street Address (P.O. Box Number is Not Acceptable)  
*400 S. Dixie Hwy, #423*  
Suite, Apt. #, Etc.

City  
*Boca Raton*

State  
*FL*

Zip Code  
*33432*

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

*Robert L. Branstetter, Jr*  
**REGISTERED AGENT MUST SIGN**

Date *12/9/98*

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/9/98*  
Date

Daytime Phone #

CR2E040 (9/98)