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 -1 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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-11/07/96--01003--002
*****375.00 *****375.00

DOCUMENT # P95000009557

1. Corporation Name
331-L TECH. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
150 EGLIN PKWY. NE FT WALTON BEACH FL 32548	~~150 EGLIN PKWY. NE~~ ~~FT WALTON BEACH FL 32548~~

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	331-L Tech Productions Suite, Apt. #, etc. P.O. Box 4848
City & State	City & State Ft. Walton Bch., FL
Zip / Country	Zip / Country 32549 / United States

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/1995

5. FEI Number: 59-3372331 ☐ 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
D	BAKER, ROY K SR	12 KINGSTON CT	MARY ESTHER FL 32569
~~D~~	~~AYERS, LEON J~~	~~3918 PLANTATION DR~~	~~VALDOSTA GA 31602~~
~~D~~	~~AYERS, BEVERLY J~~	~~3918 PLANTATION DR~~	~~VALDOSTA GA 31602~~
D	BAKER, BEVERLY	12 KINGSTON CT	MARY ESTHER FL 32569
D	BAKER, CRAIG	710 LEGION DRIVE, #G5	DESTIN, FL 32541

11-4-96

8. Name and Address of Current Registered Agent

DENNEY, RICHARD M
150 EGLIN PKWY, NE
FT WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10/29/96

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 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 OFFICER OR DIRECTOR
10-29-96 Date
(904)664-2112 Daytime Phone #

CR2E034 (7/95)