

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -3 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021201

1. Corporation Name

VADAR PRODUCTION, INC.

Principal Place of Business

1300-C W MCNAB RD
FT LAUDERDALE FL 33309

Mailing Address

1300-C W MCNAB RD
FT LAUDERDALE FL 33309



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/15/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0572883	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1	2	3	4
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	KAYE, MICHAEL	1300-C W MCNAB RD	FT LAUDERDALE FL 33309

688882340666-7
-11/06/97--01099--007
****165.00 ****165.00

11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAYE, MICHAEL
1300-C W MCNAB RD
FT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/97)

10/29/97

(2)

Dear Sirs,

As per your instruction
enclosed please find a check for
\$1165.00 along with the signed
Annual Report. As per our conversation
we never received the original one.

Thank you
Mike Kaye