

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

97 JAN -9 AM 11:17

DOCUMENT # **P95000029417**

1. Corporation Name

SUNDRENCHED PRODUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2410 N.W. 36TH STREET~~
BOCA RATON FL 33431

~~2410 N.W. 36TH STREET~~
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

475 NE 20 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

475 NE 20 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1995

5. FEI Number

65-0576340

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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	BOEHM, JANET A	2410 NW 38TH STREET	BOCA RATON FL 33431

800002056048--0
-01/14/97--01001--014
***375.00 ***375.00

REINSTATEMENT

A. Alan
1/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FORT LAUDERDALE FL 33311

Name **JOEL KORNBERG, MD, JD**
Street Address (P.O. Box Number is Not Acceptable)
7301-A W. PAYMISTO PARK ROAD, 305C
Suite, Apt. #, Etc.
305C
City **BOCA RATON** State **FL** Zip Code **33433**

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

11/15/96

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:

Janet A. Boehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Janet A. Boehm

11/12/96
Date

561 394-3494
Daytime Phone #

CR2ED4D (7/96)