

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 DEC -2 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95 0000 43834**

1. Corporation Name

LONG BILL PRODUCTIONS, Inc.

Principal Place of Business

Mailing Address

**80 WINTER PARK DR S.
CASSELBERRY FL 32707**

**80 WINTER PARK DR S.
CASSELBERRY FL 32707**

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 27, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3319863

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	SHAWN M. DOHMAN	80 WINTER PARK DR S. CASSELBERRY FL 32707	CASSELBERRY FL 32707
			100002019121--8
			-12/04/96--01040--007
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL
343 ALMERIA AVE.
CORAL GABLES, FL 33134
1-800-603-3900**

9. Name and Address of New Registered Agent

AmeriLawyer Chartered
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

By: **AmeriLawyer Chartered**

REGISTERED AGENT MUST SIGN

President

Date **11/29/96**

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 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:

SHAWN M. DOHMAN **SHAWN M. DOHMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/15/96**

Daytime Phone #

407 645-7500