


2006 FOR PROFIT CORPORATION REINSTATEMENT


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DOCUMENT # P95000083416 ✓		
1. Entity Name D'FABULOUS PRODUCTIONS, INC. ✓		

FILED
06 APR -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3135 W BROWARD BLVD FT LAUDERDALE, FL 33311	Mailing Address 3135 W BROWARD BLVD FT LAUDERDALE, FL 33311
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


REINSTATEMENT 03312006 REIN-P CR2008 (11/05) 05-06

4. FEI Number 52-1745364 ✓		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAFFEI, GEORGE P 633 SE THIRD AVE STE 4R FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, NADINE ✓ <input checked="" type="checkbox"/> Delete 3135 W BROWARD BLVD FT LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWAYNE TOOMER <input type="checkbox"/> Delete 3135 W. Broward Blvd. Ft. Lauderdale, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200073715432 05/02/06--01043--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dwayne Toomer Dwayne Toomer 3-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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March 30, 2006

To whom it may concern,

I D' Fabulous Production Inc. #P95000083416
would appreciate if you would wave my
late fees.

I'm sending three hundred dollars with my
form, I never receive my form.

I apologize about the problem.

please consider this, my address.

3135 W Broward Blvd, Ft Lauderdale FL 33312

ph# 954 496 5485

Thank You
Dwayne Turner