

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000087195**

1. Corporation Name

OPTIMA PRODUCTIONS, INC.

FILED

98 JAN 13 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4040 SW 8 STREET~~
~~MIAMI FL 33134~~

~~4040 SW 8 STREET~~
~~MIAMI FL 33134~~

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

2. Old Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~10651 N. Kendall Dr.~~

~~10651 N. Kendall Dr.~~

Suite, Apt. #, etc.
~~Ste. 201~~

Suite, Apt. #, etc.
~~Ste. 201~~

City & State

City & State

~~Miami, FL~~

~~Miami, FL~~

Zip

Country

~~33176~~

~~33176~~

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1995

5. FEI Number

65-0623995

Applied For

Not Applicable

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
PTD	VASQUEZ, LUIS E	4040 SW 8 STREET	MIAMI FL 33134
VOD	QUARTES, GABRIEL	10341 SW 30 ST	MIAMI FL 33176
PTSD	ROJAS, CARLOS A.	9601 S.W. 142 AVE. APT. 203	MIAMI, FL 33186
			600002433396--9 -02/17/98--01102--021 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VASQUEZ, LUIS E~~
~~4040 SW 8 STREET~~
~~MIAMI FL 33134~~

Name

SILVIO CORTEZ

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

10651 N. KENDALL DR.

Suite, Apt. #, Etc.

STE. 201

City

MIAMI

State

FL

Zip Code

33176

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 **12-30-97**

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

Carlos A. Rojas 12-30-97 305-273-85

Date

Daytime Phone #

CR2E040 (8/97)