

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:33

DOCUMENT # P95000094091

1. Corporation Name

PRODUCTIVE ENTERPRISES, INC.

200068942482
03/29/06--01013--009 **300.00

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

13923 DARLENE AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

13923 DARLENE AVE.

Suite, Apt. #, etc.

City & State

HUDSON, FL.

City & State

HUDSON, FL.

Zip

34667

Country

USA

Zip

34667

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 01, 1996

5. FEI Number

59-3375043

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL J. MOLLOY

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

13923 DARLENE AVE.

Suite, Apt. #, Etc.

City

HUDSON,

State

FL

Zip Code

34667-1313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

(X) *Michael J. Molloy*
REGISTERED AGENT MUST SIGN

Date

3/13/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	MICHAEL J. MOLLOY	13923 DARLENE AVE.	HUDSON, FL. 34667-1313

10. 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 contained in Chapter 119, 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:

(X) *Michael J. Molloy*

MICHAEL J. MOLLOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/06

(727) 271-8881

Daytime Phone #



Bookkeeping & Tax Services
For Businesses & Individuals

2 of 2
MAJOR ACCOUNTING SERVICES, P.A.

1819 Sunnysdale Drive • Sevierville, TN 37862-6128

Telephone/Fax (865) 908-6120

March 10, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: Reinstatement Notice for
PRODUCTIVE ENTERPRISES, INC.
Document # P95000094091

Dear Sirs:

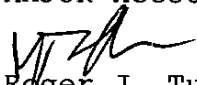
Enclosed please find our clients check made payable to the Department of State in the amount of \$ 300.00 which represents the annual report fees for both 2005 & 2006.

We kindly request that you waive the reinstatement fee because my client does not recall ever receiving the annual report notices in the mail. The principal office of the corporation is his personal residence which was afflicted by a sink hole and the property guttered prior to the sink hole being filled and reconstruction begun, during which time the principal office lived with a relative.

Please notify my client directly of your acceptance of this notice and reinstatement of the corporation. I thank you in advance for your consideration.

Very truly yours,

MAJOR ACCOUNTING SERVICES, P.A.


Roger J. Tuffile
President