

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

1997 NOV 21 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000025335**

1. Corporation Name
EBERLE PRODUCTION SERVICES, INC.

Principal Place of Business
**596 CASCADE FALLS DRIVE
FORT LAUDERDALE FL 33327**

Mailing Address
**596 CASCADE FALLS DRIVE
FORT LAUDERDALE FL 33327**



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

2. New Principal Office Address, If Applicable
~~596 CASCADE FALLS DRIVE~~ **596 CASCADE FALLS DR.**
Suite, Apt. #, etc.
WESTON, FL
City & State
Zip **33327** Country **USA**

3. New Mailing Office Address, If Applicable
~~596 CASCADE FALLS DRIVE~~ **596 CASCADE FALLS DR.**
Suite, Apt. #, etc.
WESTON, FL
City & State
Zip **33327** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **03/21/1996**

5. FEJ Number **65-0653760**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$0.75 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
PSTD	EBERLE, MARK R	596 CASCADE FALLS DRIVE	FORT LAUDERDALE FL 33327 WESTON
***	EBERLE, MARK R	596 CASCADE FALLS DRIVE	WESTON, FL 33327

600002358220-0049
-11/26/97-01092-0049
***758.75 ***758.75

REINSTATEMENT '97
SC 11-21-97

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **MARK EBERLE, EBERLE PROD. SVCS**
Street Address (P.O. Box Number is Not Acceptable)
596 CASCADE FALLS DR.
Suite, Apt. #, Etc.
City **WESTON** State **FL** Zip Code **33327**

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 Date **11/10/97**
REGISTERED AGENT MUST SIGN

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: Date **11/10/97** (954) 349-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #