

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000046754**

1. Corporation Name

TES PRODUCTION INC.

Principal Place of Business

1421 NW 45TH STREET
APT #2
POMPANO BEACH FL 33062
US

Mailing Address

P O BOX 4851
DEERFIELD BEACH FL 33442
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1996

5. FEI Number

65-0676205

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	4 City / State / Zip
PCEO	SISTRUNK, THERESA	1332 SW 28TH AVE	DEERFIELD BEACH FL

200003038612--0
-11/08/99--01123--014
****150.00 ****150.00

Sp

8. Name and Address of Current Registered Agent

SISTRUNK, THERESA
1421 NW 45TH STREET
APT #2
POMPANO BEACH FL 33062 33064

9. Name and Address of New Registered Agent

Name

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

Teresa Sistrunk

REGISTERED AGENT MUST SIGN

Date

Oct 26, 1999

11. 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:

Teresa Sistrunk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-1999

Date

954-695-5530

Daytime Phone #

Theresa Sistrunk
TES PRODUCTION INC.
1421 N.W. 45TH Street
Apt #2
Pompano Bch, Fl 33064

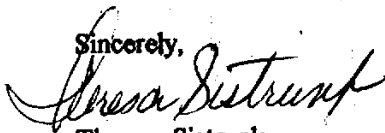
October 26, 1999

Division of Corporations:

I didn't receive Annual report notice from your department for the year of 1999. I would like for you to waive the penalty and release the company. Enclosed is a check for one hundred and fifty dollars. The zip code you have is wrong maybe the form was sent out, it got lost.

Thank you very much.

Sincerely,



Theresa Sistrunk
954-785-3284