

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

AND
FILED

00 MAY 22 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000086936**

1. Corporation Name

urthere Productions, INC

2. Principal Office Address

700 E DANIA Bch BLVD

Suite, Apt. #, etc.

Ste # 200

City & State

DANIA FL

Zip

33004

Country

USA

3. Mailing Office Address

1323 SE 17th Street

Suite, Apt. #, etc.

Ste # 308

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-1996

5. FEI Number

65-0733673

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

BRAD NOLAN

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

1323 SE 17th Street

Suite, Apt. #, Etc.

Ste 308

City

Ft. Lauderdale

State

FL

Zip Code

33316

100003283281--7

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******300.00****300.00**

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

REGISTERED AGENT MUST SIGN

Date

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
PD	NOLAN, BRAD	1323 SE 17 th St Ste 308	Ft. Lauderdale, FL

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 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

5/17/2000

Date

954-929-5048

Daytime Phone #

CR2E081 (9/99)