

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 JUN 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088877

1. Corporation Name

Rise & Shine Production Support Company

2. Principal Office Address

511 NE 72 ST

Suite, Apt. #, etc.

3. Mailing Office Address

511 NE 72 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33138

Country

USA

City & State

MIAMI, FL

Zip

33138

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 28, 1996

5. FEI Number

650720518

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

JOE HOLLEY

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

511 NE 72 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

Joe Holley

REGISTERED AGENT MUST SIGN

Date JUNE 15, 2004

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
PSTD	JOE HOLLEY	511 NE 72 ST.	MIAMI, FL 33138

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:

Joe Holley

JOE HOLLEY

JUNE 15, 2004

305-790-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)