

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **P97000003545**  
 1. Corporation Name  
**HIDDEN LAKE PRODUCTIONS, INCORPORATED**

Principal Place of Business	Mailing Address
416 ASHBURY WAY NAPLES FL 34110	416 ASHBURY WAY NAPLES FL 34110

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
 00 DEC 19 AM 8:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** *02*

4. Date Incorporated or Qualified To Do Business in Florida	01/08/1997	SP
5. FEI Number	65-0728961	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	OBRECHT, PHILIP J	416 ASHBURY WAY	NAPLES FL 34110
D	OBRECHT, CINDY S	416 ASHBURY WAY	NAPLES FL 34110
			800003524498--9 -01/05/01--01020--023 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
OBRECHT, PHILIP J 416 ASHBURY WAY NAPLES FL 34110		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: *[Signature]* Date: 12/15/00  
 REGISTERED AGENT MUST SIGN

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: *[Signature]* Date: 12/15/00 Daytime Phone #: 941.591.4169  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)