

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 APR 13 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P970000010733

1. Corporation Name

LIGHTSPEED PRODUCTIONS INC.

2. Principal Office Address

9300 NW 25<sup>TH</sup> STREET

Suite, Apt. #, etc.

SUITE 101

City & State

MIAMI, FL.

Zip

33172

Country

USA

3. Mailing Office Address

9300 NW 25<sup>TH</sup> ST.

Suite, Apt. #, etc.

SUITE 101

City & State

MIAMI, FL

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1997 ?

5. FEI Number

65-0742429

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

PETER MOORE

500003222225--4

-04/25/00--01013--021

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

3730 SW 104 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33165

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 4-1-00

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

PRESIDENT

PETER MOORE

3730 SW 104 AVE.

MIAMI, FL. 33165

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-04/25/00--01013--022

\*\*\*1050.00 \*\*\*1050.00

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

Date

Daytime Phone #

4-1-00

305 205-3032