PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 MAY 30 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900005754309--3
-06/11/02--01102--005
***1200.00 ***1280.00

REINSTATEMENT 99-02

DOCUMENT # P97000045644O

**1.** Corporation Name

Gigipop Productions, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| P.O. Box 4439 | P.O. Box 4439 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Key West, FL | City & State: Key West, FL |
| Zip 33041 33040 / Country USA | Zip 33041 33040 / Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number 65-0756440 ☐ 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: Robert Smith

Street Address (P.O. Box Number is Not Acceptable): P.O. Box 4439

Suite, Apt. #, Etc.:

City: Key West | State: FL | Zip Code: 33041 33040

**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: Robert Smith Robert Smith President Date: 4-20-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

**9.** Names and 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 |
|---|---|---|---|
| P | Robert Smith | P.O. Box 4439 | Key West, FL 33040 |
| VP | Elizabeth Betsey Smith | P.O. Box 4439 | Key West, FL 33040 |
| | | | |
| | | | |
| | | | |
| | | | |

**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:** Robert Smith President 4-20-02 305-296-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #