

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -6 AM 10:10

DOCUMENT # P97000058398

1. Corporation Name

Crack of dawn productions, inc

Principal Place of Business

Mailing Address

600 NE 36TH Street, Ste. 818  
Miami, FL 33137

→ SAME

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

4. Date Incorporated or Qualified  
To Do Business in Florida

7/3/97

5. FEI Number

65-0765529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Dawn R. Furman	600 NE 36TH St, #818	Miami, FL 33137
VP	I	I	I
Sec	I	I	I
Treas	I	I	I
			800003024398--6 10/25/99 01130 014 ****908.75 ****908.75
			10/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ameri Lawyer Chartered  
343 Almeria Av  
Coral Gables, FL 33134

Name

Dawn R. Furman

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

600 NE 36TH St

Suite (Apt. #, Etc.)

#818

City

Miami, FL

State

Zip Code

FL 33137

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]

REGISTERED AGENT MUST SIGN

Date 8/22/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/99  
Date

305-573-4128  
Daytime Phone #

CR2E081 (12/98)