

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000058820**

1. Corporation Name

BE REEL PRODUCTIONS, INC.

Principal Place of Business

5013 S.W. 130TH TERRACE
MIRAMAR FL 33027
US

Mailing Address

PO BOX 278224
MIRAMAR FL 33027
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1997

5. FEI Number

65-0767936

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CURRY, RUFUS JR.	5013 S.W. 130TH TERRACE	MIRAMAR FL 33027
			200027910752 01/30/04--01006--008 **300.00

8. Name and Address of Current Registered Agent

CURRY, RUFUS JR.
5013 S.W. 130TH TERRACE
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Rufus Curry
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

8 JAN 2004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 JAN 2004 305-437-3518

8 JAN 2003

Division Of Corporations
Annual Reporting/Reinstatement Section
PO box 6327
Tallahassee, FL 32314-6327

Dear Sir or Ma'am,

I am writing your office to petition for a waiver of the fees for the reinstatement of Be Reel Productions, Inc. I have been away for the past two years (2001-2003) as a result of the September 11, 2001 terrorist attacks on a United States soil. I have completed my mobilized military service and I am currently in the great state of Florida.

Respectfully,



Rufus Curry, Jr.

MAJ, AR

United States Army