

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
**98-99 AR.**

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



FILED

99 DEC -8 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000066758**

1. Corporation Name

**FERTILE FILMS, INC.**

Principal Place of Business  
**6238 S. ATLANTIC AVE.  
NEW SMYRNA, FL 32169**

Mailing Address  
**6238 S. ATLANTIC AVE.  
NEW SMYRNA, FL 32169**

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

2. New Principal Office Address, If Applicable <b>2275 HUNTINGTON DRIVE</b>		3. New Mailing Office Address, If Applicable <b>c/o W. EDWARD McLEOD</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>8/1/97</b>	
Suite <b>BOX 814</b>		Suite, Apt. #, etc. <b>284 PARK AVE.N. SUITE B</b>		5. FEI Number <b>59-3463384</b>	
City & State <b>SAN MARINO, CA</b>		City & State <b>WINTER PARK, FL</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <b>91108</b>	Country <b>USA</b>	Zip <b>32789</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
DPV	WEIS, BOB	1925 ROBIN ROAD	SAN MARINO, CA 91108
DST	FREDEL-WEIS, DIANE	1925 ROBIN ROAD	SAN MARINO, CA 91108

**600003106296--5**  
**-01/21/00--01067--012**  
**\*\*\*\*\*300.00 \*\*\*\*\*300.00**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

9. Name and Address of New Registered Agent

Name  
**W. EDWARD McLEOD, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**284 PARK AVE. NORTH**

Suite, Apt. #, Etc.  
**SUITE B**

City  
**WINTER PARK**

State  
**FL**

Zip Code  
**32789**

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

*W. Edward McLeod*  
REGISTERED AGENT MUST SIGN

Date

**11/19/99**

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 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

**BOB WEIS, PRESIDENT.**

Date

**407-629-1935**  
Daytime Phone #