

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080652

1. Corporation Name

MAN'S AT WORK PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1929 N.W. 169TH AVE.
PEMBROKE PINES FL 33028
US

1929 N.W. 169TH AVE.
PEMBROKE PINES FL 33028
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0782113

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	BOURNELLIS, IPPOCRATIS	1929 NW 169TH AVE.	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name	JASON KLEIN
Street Address (P.O. Box Number is Not Acceptable)	10123 SW 77th Ct
Suite, Apt. #, Etc.	
City	Miami, FL
State	FL
Zip Code	33156

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10-18-99

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 #

10/18/99
05/24/99 90012 025 1824

CR2E040 (8/99)