

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

10/2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

02 OCT 18 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085983

1. Corporation Name

MANOLO PUERTO PRODUCTIONS, INC.

002-28849

2. Principal Office Address

13925 Carlton Dr.

Suite, Apt. #, etc.

City & State

Davie, Fl.

Zip  
33330

Country  
USA

3. Mailing Office Address

6971 N. Federal Hwy

Suite, Apt. #, etc.

Suite 402

City & State

Boca Raton, Fl.

Zip  
33487

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-01-1997

5. FEI Number

65-0834975

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

HUMBERTO RUIZ & ASSOCIATES CO., INC.

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

6971 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 402

City

Boca Raton

State  
FL

Zip Code  
33487

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

Humberto Ruiz

REGISTERED AGENT MUST SIGN

Date 1-9-10-02

9. Names and Street 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
President	MANOLO PUERTO	13925 Carlton Dr.	Davie, Fl. 33330

[Signature]

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 1.19.07(3)(b), 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

Date

Daytime Phone #

1-9-10-2002

September 30, 2002

DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6237  
Tallahassee, Fl. 32314

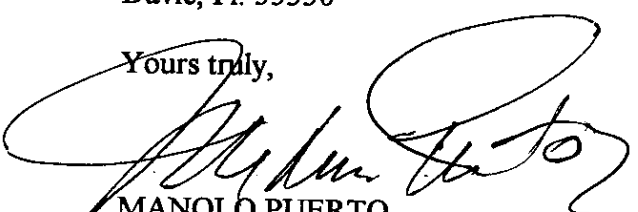
Enclosed is check No. 6775, for the amount of \$750.00 for the reinstatement of the Corporation MANOLO PUERTO PRODUCTIONS, INC., for the years 1998, 1999, 2000, 2001 and 2002.

The reason why we are sending the \$150.00 fee per year, is that we never received the Uniform Business Report Form for 1998. This was due to the fact that the addresses they were sent to were no longer valid; therefore we never got the reports.

The correct address is :

MANOLO PUERTO PRODUCTIONS, INC.  
13925 Carlton Dr.  
Davie, Fl. 33330

Yours truly,



MANOLO PUERTO  
President