

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *aa*  
REINSTATEMENT



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

DOCUMENT # P97000092751

1. Corporation Name

MARK CHARLES PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1926 NE 147TH TERR.  
MIAMI FL 33181

1926 NE 147TH TERR.  
MIAMI FL 33181

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.  
906 COOPER RIDGE PL

Suite, Apt. #, etc.  
906 COOPER RIDGE PL

City & State  
VAIRICO FL

City & State  
VAIRICO FL

Zip  
33594

Country  
USA

Zip  
33594

Country  
USA

REINSTATEMENT *99*

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1997

SP

5. FEI Number

65-0796035

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CLANCY, CHARLES	1926 NE 147TH TERR.	MIAMI FL 33181
		906 COOPER RIDGE PL	VAIRICO FL 33594

300003052753--2  
11/23/99 01026--027  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLANCY, CHARLES  
1926 NE 147TH TERR.  
MIAMI FL 33181

Name  
*Charles Clancy*  
Street Address (P.O. Box Number is Not Acceptable)  
906 COOPER RIDGE PL  
Suite, Apt. #, Etc.  
VAI  
City  
VAIRICO

State  
FL

Zip Code  
33594

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

*Charles Clancy*  
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

*Charles Clancy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99  
Date

813 661 7366  
Daytime Phone #