PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010050

1. Corporation Name

Intrinsic Productions , Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 98-99

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
12273 Emerald Cst.Pkwy	c/o John P. Townsend
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Holiday Plaza, Ste 118	142 Eglin Pkwy, SE
City & State	City & State
Destin, FL	Ft. Walton Beach
Zip: 32541 / Country: USA	Zip: 32548 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 26,1997

5. FEI Number: 62-1726677 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Ann S. Holladay	3436 Hwy 45 North	Meridian, MS 39301
D	F. E. Holladay	3436 Hwy 45 North	Meridian , MS 39301
S/D	Tracey B. Mackey	135 Alder Ave, SE	Ft. Walton Bch, FL 32548
D	John A. Mackey	135 Alder Ave,SE	Ft. Walton Bch, FL 32548

P00000281162--7
-03/30/99--01032--007
******8.75 ******8.75

8. Name and Address of Current Registered Agent

John P. Townsend
142 Eglin Parkway, SE
Ft.Walton Beach, FL 32548

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

P00000281162--7
-03/30/99--01032--008
****900.00 ****900.00

CR2E040 (1-98)

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: John P. Townsend — REGISTERED AGENT MUST SIGN

Date 3/24/99

11. This corporation owes or has paid 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ann S. Holladay — Ann S. Holladay, President 3/24/99 (601)693-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #