

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024585

1. Corporation Name

ALL IN ONE MEDIA PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

7000 W OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33313-1013

7000 W OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33313-1013



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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

5. FEI Number

65-0816925

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P/T	JACKSON, CHARLES	1421 OCEAN BLVD. #109	POMPAÑO BEACH FL 33062
S	PETITTO, JANET	3650 INVERRARY DR.	LAUDERHILL FL 33313

400003455124--8
-11/07/00--01066--016
****758.50 ****758.50

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

ZOYES, MICHAEL G
7000 W OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33313-1013

9. Name and Address of New Registered Agent

Name Janet Pettito
Street Address (P.O. Box Number is Not Acceptable)
3650 Inverrary Dr. IR
Suite, Apt. #, Etc.
IR
City lauderhill
State FL Zip Code 33319

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]
REGISTERED AGENT MUST SIGN

Date 10.16.00

CR2EDM0 (8/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.16.00 954

Daytime Phone #

817.0160