

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

01 OCT 25 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000027569**

1. Corporation Name

**BOYAR PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

6711 N. OCEAN BLVD. #16  
OCEAN RIDGE FL 33435

6711 N. OCEAN BLVD. #16  
OCEAN RIDGE FL 33435



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

03/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0821979

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
PSTD	BOYAR, CYNDI	6711 N. OCEAN BLVD. #16	OCEAN RIDGE FL 33435

000004689840--9

-11/20/01--01076--001

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYAR, CYNDI  
6711 N. OCEAN BLVD #16  
OCEAN RIDGE FL 33435

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Cyndi Boyar*

REGISTERED AGENT MUST SIGN

Date *Oct. 22, 2001*

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:

*Cyndi Boyar* **CYNDI BOYAR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Oct. 22, 2001* *(561) 732-9555*

**Boyar Productions  
6711 N. Ocean Blvd. #16  
Ocean Ridge, FL 33435**

Division of Corporations  
Annual Report /Reinstatement Section  
P.O.Box 6327  
Tallahassee, FL 32314-6327

October 22,2001

To whom it may concern,

I never recieved an annual report to fill out. This is the first thing I have recieved about any report. When I called the phone number on the reinstatement form that I just recieved, I was told that I could complete this report and send it in with my check for \$150.00. Enclosed please find my check # 1137 for \$150.00.

Thank You,

Cyndi Boyar



President, Boyar Productions