

PS 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100030324541
03/12/04--01004--006 **300.00

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p98000036726

1. Corporation Name
NightHawk Productions

2. Principal Office Address <u>6848 SW 39st</u>		3. Mailing Office Address <u>6848 SW 39st</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami - FL</u>		City & State <u>Miami - FL</u>	
Zip <u>33155</u>	Country <u>U.S.A.</u>	Zip <u>33155</u>	Country <u>U.S.A.</u>

REINSTATEMENT 03 - 04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number <u>65-0855920</u>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Erick Clavijo

Street Address (P.O. Box Number is Not Acceptable)
6848 SW 39st

Suite, Apt. #, Etc.

City
Miami **State**
FL **Zip Code**
33155

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 [Signature] **Date** 3/8/04

REGISTERED AGENT MUST SIGN

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
P	Erick Clavijo	6848 SW 39st	Miami - FL - 33155

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 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] Erick Clavijo **3/8/04 (786) 256-2841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

Handwritten mark

PS 272

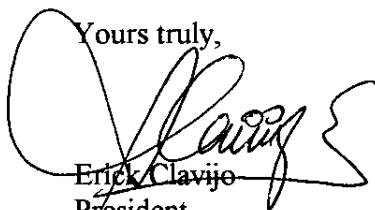
**Department of State
Division of Corporations**

March 9, 2004

To Whom It May Concern:

As per previous conversations with two of your customer service associates, enclosed please find a reinstatement form and check for the amount of \$300.00 for the corporation Nighthawk Productions. This comes after noticing that **I did not** receive the annual renewal fee, for the year 2003. I have not change the address, or anything else on the business. The reason why this happened is that, business was basically not moving during the 2003 period, and only now when it started to have some movement, I realized that I did not get such notice. Thank you for your attention.

Yours truly,

A handwritten signature in black ink, appearing to read 'Erick Clavijo', is written over the printed name.

Erick Clavijo

President

Nighthawk Productions

(786) 256.2841