PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037898

1. Cerporation Name

ARGO PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

4253 W. KENNEDY BLVD. TAMPA FL 33609

SIGNATURE:

4253 W. KENNEDY BLVD. TAMPA FL 33609



00 JAN 11 AM 10: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above a	addresses are incorrect in any way, line the	rough incorrect i	oformation and enter	correction below	ļ				
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/21/1998			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State	9	City & State	City & State		FG 2520000			Applied For	
					6.	520210	60.75	Not Applicable	
Zip	Country	Zip	Countr	у		OF STATUS DESIRED		dditional Fee required 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 2		Street Address of Eacl Officer and/or Director			City / State / Zip			
P	John L Argeria	13, 5R	YZSB W	Kennedy B	31/2	Tampa,	CL 35	3609	
					800003105218/ - 8				
					****750		\$ 50.00		
				DENISTATEMENT TO					
				MEIN			000031435188		
						-01/20/0 ****150	. OO *	****150.00 ·	
	8. Name and Address of Current	ent	9. Name and Address of New Registered Agent						
MINIEC	CAD CDAIC A		John L Argerious, Jr.						
	Gar, Craig a . Franklin St.		Street Address (P	P.O. Box Number is Not Acceptable)					
TAMPA FL 33602			4253 W Kennedy D1vd Suite, Apt. #, Etc.						
		_ 0		City Tampa			State Z	ip Code 33609	
10. I, being	appointed the registered agent of the abo	ove named corp	oration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S.			
Signature of Registered Agent Agent REGISTERE REQUIRED REGISTERED AGENT MUST SIGN Date 12/36/99							F		
this rein owed by	that I am an officer ordirector or the receistatement application, the reason for dissy the corporation have been paid and the application is true and accurate, and my si	iver or trustee er oldtion has beer names of individ	npowered to execute eliminated, the corpo	rate name satisfies in do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401,	F.S., that all fees	

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ME OF SIGNING OFFICER OR DIRECTOR