

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9800W38674

1. Corporation Name

**HIGH TIDE PRODUCTIONS,
INC**

2. Principal Office Address

10876 SW 188th Bay 22

Suite, Apt. #, etc.

MIAMI FLA

City & State

Zip **33157**

Country **USA**

3. Mailing Office Address

10876 SW 188th

Suite, Apt. #, etc.

BAY #22

City & State

MIAMI FLA

Zip **33157**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

April 29, 1998

5. FEI Number

650858569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FREDERIC Laing

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

10876 SW 188th

Suite, Apt. #, Etc.

Bay #22

City

MIAMI FLA

500003217705-2

-04/20/00--01082--015

******400.00 ****400.00**

500003217705-2

-04/20/00--01082--016

******500.00 ****500.00**

State
FL

Zip Code
33157

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]

REGISTERED AGENT MUST SIGN

Date **April 03, 2000**

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
PRD	FREDERIC Laing (D)	10876 SW 188th Bay 22	MIAMI FLA 33157
VP	Karl Pitterson	14500 SW 88 Avenue #27	MIAMI FL 33176

REINSTATEMENT 99-00

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] **FredERIC Laing**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 03, 2000** 305 989-9200
Daytime Phone #

CR2E081 (9/99)