

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047431

1. Corporation Name

PEARTREE PRODUCTIONS, INC.

Principal Place of Business

1069 S.W. 5TH STREET
BOCA RATON FL 33486

Mailing Address

1069 S.W. 5TH STREET
BOCA RATON FL 33486



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

5. FEI Number

65-0836094

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DP | PEREIRA, CLAYTON | 1069 S.W. 5TH STREET | BOCA RATON FL 33486 |
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****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 N.W. BOCA RATON BLVD., #205
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 15 01/56/7507025

CR2E040 (8/01)

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PEARTREE PRODUCTIONS, INC.
2080 NW 2ND AVENUE #6
BOCA RATON, FL 33431

October 31, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: P98000047431

To Whom It May Concern:

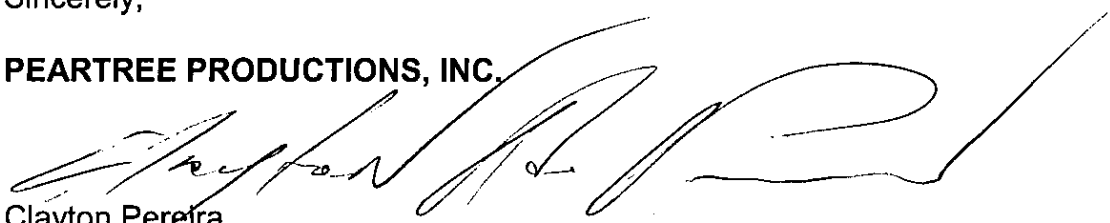
Enclosed please find our application for reinstatement. Please be advised that our mailing address has changed and we did not receive your prior notices.

We respectfully request that our check for \$150.00 be accepted for our Annual Renewal.

Thank you in advance for your consideration.

Sincerely,

PEARTREE PRODUCTIONS, INC.



Clayton Pereira
President