

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 MAR -8 PH 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000052541

1. Corporation Name

HENRY FRENZEL PRODUCTIONS, INC.

2. Principal Office Address

28 WINCHESTER RD.

Suite, Apt. #, etc.

City & State

ORMOND BCH, FL

Zip

32174

Country

U.S.A.

3. Mailing Office Address

P.O. Box 250841

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

Zip

32125

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

6/5/98

5. FEI Number

58-3514119

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

TINA M. TURNER, CPA, ESQ

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

28 WINCHESTER RD.

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

**REINSTATEMENT** 2078 01

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

REGISTERED AGENT MUST SIGN

Date 3/6/01

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
Pres./ Dir.	HENRY E. FRENZEL	P.O. BOX 250841 28 WINCHESTER RD.	HOLLY HILL, FL 32125 ORMOND BCH, FL 32174
Secy/ Dir.	TINA M. TURNER	28 WINCHESTER RD.	ORMOND BCH, FL 32174

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\*\*\*\*900.00 \*\*\*\*900.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

904-487-9190

Daytime Phone #

CR2E081 (9/00)