PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

00 MAR - 6 PM 2: 52

SEGRELLE TELESTATE TALLAHASSEE FLORIDA

MIDNIGHT	LUNCH	PRODUCTIONS,	INC.
		,	

Principal Place of Business

Mailing Address

317 BayrungSt. Orlando, FL 32803

If above addresses are incorrect in any w	ave leng through incorrect	t information and ente	r correction below.
Transive addresses are incorrect in any w	ay, wife through incomed	it illinoittiation and cirto	TOOLIGOTOR DOTOR

6 E. King St.	3. New Mailing Office Address, if Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Apt: B				
City & State	City & State			
Orlando, FL				
Zip Country	Zip Country			
32803 USA				

Name of Officers

To Do Business in Florida	06/19/98		
5. FEI Number		Applied For	
59-3517369		Not Applicable	

CERTIFICATE OF STATUS DESIRED

Not Applicable S875 Additional Fee require

fora@aiilicale@Status

7. Names a	and Street Addresses of Each Officer and/or Director	(Flor	rida nonprofit corporations must list at least 3 directors)
	Name of Officers		Street Address of Each

Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/T/D William D. Walker	6 E. King St., Apt. B	Orlando, FL 32803
/		3000031644 <u>0</u> 3

3	000031644039 
	****300.00 ****900.00

8. Name and Address of Current Registered Agent			9. Name and A	ddress of New Registered Agent
		Name		

Marc P. Ossinsky 210 N. Wymore Rd. Winter Park, FL 32789

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

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above named/corporation, an tamiliar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🗘 No L (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application application is provided for in chapter 607 or 617, F.S. I further certify that when filling 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D. WALKER

3/1/00

Daytime Phone #

407/896-6387