

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 298000075216

1. Corporation Name

Second Stage Productions

2. Principal Office Address

2343 Cincinnati Av

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 852

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip  
32405

Country

Bay

City & State

Panama City, FL

Zip

32402

Country

Bay

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug, 1997

5. FEI Number

59-3566238

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

Ron Holman

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

2343 Cincinnati Ave

Suite, Apt. #, Etc.

600004548986-5

-08/22/01--01056--026

\*\*\*\*450.00 \*\*\*\*450.00

City

Panama City

State

FL

Zip Code

32405

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

Ron Holman

REGISTERED AGENT MUST SIGN

Date Aug 7, 2001

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
Dir.	RON Holman	2343 Cincinnati Av	Panama City, FL 32405
		99-014321	TE

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

Ron Holman

Date

Aug 7, 2001

Daytime Phone #

850-763-7362

CR2E081 (9/00)

~~Second Stage Productions~~

P.O. Box 852

Panama City, FL 32402

August 7, 2001

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir;

Please find enclosed a check for \$450.00 to reinstate Second Stage Productions' corporation status. As per our phone conversation of August 7, since my statement was not delivered and was returned to you my reinstatement fee is \$450.00.

Sincerely,

A handwritten signature in cursive script that reads "Ron Holman". The signature is written in dark ink and is positioned above the printed name.

Ron Holman