## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION . **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**  00 MAR 27 AH II: 00 SECRETALY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	P98000083070
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1. Corporation Name

Principal Place of Business

GODSONS' INTERNATIONAL PRODUCTIONS, INC.

Mailing Address

3230 Dockside Drive Cooper City, FL 33026 the same

If above addresses	are incorrect in any way, line	through incorrect information and enter correction	n below.		
2. New Principal Office Address, If Applicable 1224 Brickell Avenue 3. New Mailing Office Address, If Applicable the same		le .	Date Incorporated or Qualified     To Do Business in Florida	9/25/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	
Ninth Fl	oor	<u> </u>		5. FEI Number	Applied For
City & State	lorida	City & State		65-0865053	Not Applicable
Miami, F	Country	Zip Country		6.	\$8.75 Additional Fee required
33313	Country	Soundy		CERTIFICATE OF STATUS DESIRED	for a Certificate of Status

and offect Addresses of Each Officer and/or Diff	cotor (i londa nonprosit corporations mast hat at least a directors)	
Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
W: Anthony Grant	1224 Brickell Avenue 9th Floor	Miami, Florida 333133
Paulette E. Shaw	1224 Brickell Avenue 9th Floor 1	Miami, Florida 33313 5
^-	•	****900.00 ****900.00
	Name of Officers and/or Directors 2 W:-Anthony Grant	and/or Directors  2 Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)  W: Anthony Grant 1224 Brickell Avenue 9th Floor  Paulette E. Shaw 1224 Brickell Avenue

## REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
AmeriLawyer	Name Spiegel & Utrera, P.A.		
343 Almeria Avenue	Street Address (P.O. Box Number is Not Acceptable)		
Coral Gables, Florida 33134	343 Almeriá Avenue	};	
	Suite, Apt. #, Etc.	7	

Coral Gables 10. I, being appointed the registered ager med corporation, am familiar with and accept the obligations of Section 607.0505,

Spiegel Signature of Registered Agent By

MEGISTERED AGENT MUST SIGN

(See other side for information on intangible tax.)

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

Yes 🗀

12. 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.

Daytime Phone s