

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 23 AM 10:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089717

1. Corporation Name

MIAMI-DADE PRODUCTION SERVICES, INC.

REINSTATEMENT 02-03

800010588688
01/23/03 - 01/24/03 **\$00.00

2. Principal Office Address
~~8225 N.W. 7th Street~~

3. Mailing Office Address

~~8225 N.W. 7th Street~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33126

Country
USA

Zip
33126

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida 10/21/1998**

**5. FEI Number
650870143**

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
Francisco R. Carmona

Street Address (P.O. Box Number is Not Acceptable)
8225 N.W. 7th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33126

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 **1/21/03**

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
PTD	Carmona, Francisco R.	8225 N.W. 7th Street	Miami, FL 33126
SD	Alonso, Juan C.	7295 N.W. 41st Street	Miami, FL 33166

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

Date

Daytime Phone #

1/21/03 (305) 773-6964

CR2E081 (10/02)