

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 22 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000090845

1. Corporation Name

4 ALL PRODUCTIONS, INC.

2. Principal Office Address

9481 RICHMOND Circle

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33434

Country

PalM BEACH

3. Mailing Office Address

9481 RICHMOND Circle

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip

33434

Country

PalM BEACH

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 23 1988

5. FEI Number

65-0870512

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

ANTHONY L. LOPEZ

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

9481 RICHMOND Circle

Suite, Apt. #, Etc.

City

BOCA RATON FL. 33

State

FL

Zip Code

33434

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

Anthony L. Lopez

REGISTERED AGENT MUST SIGN

Date

3/20/02

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	ANTHONY L. LOPEZ	9841 RICHMOND Circle	BOCA RATON, FL. 33434
TREASURER	ADRIANN LOPEZ	9841 RICHMOND Circle	BOCA RATON, FL. 33434

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 terminated, 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:

Anthony L. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/12

Date

561-558-8068

Daytime Phone #

CR2E081 (9/01)

222

4 ALL Productions, Inc.

9481 Richmond Circle, Boca Raton, FL., 33434


03/19/02

To whom it may concern;

I Anthony L. Lopez of 4 ALL Productions, Inc. went to the bank to open a Corp. checking account and to my surprise was informed that my Corp. status was inactive. Please be advised that I have not received my notice for the year of 2000 this could be in part of my relocating from: **(Old Address)** 5250 NE 16th. Terrace, Pompano Beach, FL., 33064. -TO: **(New Address)** 9481 Richmond Circle, Boca Raton, FL., 33434. Due to this unintentional instance I humbly request a reinstatement of Corporation and its fees to be waived.

Enclosed is a completed reinstatement form, a copy of my EIN number and a check in the amount of \$450.00.
I regret any inconvenience this has caused us.

Respectfully,



Anthony L. Lopez