

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000026943

00 NOV 30 AM 10:24

1. Corporation Name

INGO PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

4215 LA DEGA COURT
TAMPA FL 33611

4215 LA DEGA COURT
TAMPA FL 33611



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4556 S. Manhattan Suite, Apt. #, etc. M City & State TAMPA, FL Zip 33611 Country USA	3. New Mailing Office Address, If Applicable 4556 S. Manhattan Suite, Apt. #, etc. M City & State TAMPA FL Zip 33611 Country USA
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4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

59 356 3060

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GUALTIERI, MARY JANE	4735 PARKWAY BOULEVARD 14931 Pinecrest Road	TAMPA, FL 33639 Tampa, FL 33613
D	INGO, FRANK	4215 LA DEGA COURT	TAMPA FL 33611
			800003496628--5 -12/12/00--01030--019 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGO, FRANK 4215 LA DEGA COURT TAMPA FL 33611	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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

Signature of
Registered Agent

Frank Ingo
REGISTERED AGENT MUST SIGN

Date

11-22-00

11. 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: *Frank Ingo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/2000

Date

813 263 6954

Daytime Phone #

②

P99-
26943

Ingo Productions, Inc.
4556 S. Manhattan, Suite M
Tampa, Florida 33611
813-835-8811
Ingodance@aol.com

November 21, 2000

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Reinstatement Officer:

As per my conversation with Stacy in your office, please find a completed reinstatement form and a check for \$150.00.

Please give consideration to Ingo Productions regarding this reinstatement. I did not receive a previous notice for filing a corporate annual report and did not know that this was to be done annually since this was our first year in business. I can assure you that had I received a notification regarding this, I would have responded promptly. Administratively and financially to set up another corporation and to dissolve this one is a nightmare that I do not need at this time.

Please give due consideration regarding the fees this time since I did not receive the notification. Thank you.

Sincerely,



Mary Jane Gualtieri, Director