

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
00 OCT 26 AM 9:54

DOCUMENT # P99000028294

1. Corporation Name

UNBRIDLED HEART PRODUCTIONS, INC.

Principal Place of Business

CADENCE ENTERTAINMENT, INC.
3700 N.W. 91ST STREET, C-200
GAINESVILLE FL 32606

Mailing Address

CADENCE ENTERTAINMENT, INC.
3700 N.W. 91ST STREET, C-200
GAINESVILLE FL 32606



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1999

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CRAWFORD, PATRICIA A	1426 N.W. 25TH TERRACE	GAINESVILLE FL 32605
D	HENDERSON, GRAHAM	10018 LASSEN STREET	NORTH RIDGE, GA 30424
D	MORSE, H. GARY	1100 MAIN STREET	THE VILLAGES FL 32159
D	THOMPSON, ROBERT	714 PENICK ROAD	TRYON, N.C.
			600003459656--3 -11/09/00--01110--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CRAWFORD, PATRICIA
1426 N.W. 25TH TERRACE
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

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

PATRICIA CRAWFORD
REGISTERED AGENT MUST SIGN

Date Oct. 23, 2000

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:

PATRICIA CRAWFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 23, 2000 352 374-2225

Date

Daytime Phone #