

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



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

FILED

02 MAY 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031785

1. Corporation Name

M.C. PRODUCTIONS, INC.

300005694113--8

-06/06/02--01007--020

****300.00 ****300.00

2. Principal Office Address

3006 AVIATION AVENUE

Suite, Apt. #, etc.

SUITE 4B

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

3. Mailing Office Address

3006 AVIATION AVENUE

Suite, Apt. #, etc.

SUITE 4B

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/09/02

5. FEI Number

650921565

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

JEROME S. REISMAN

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

3006 AVIATION AVENUE

Suite, Apt. #, Etc.

SUITE 4B

City

COCONUT GROVE, FL

State

FL

Zip Code

33133

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

4/11/02

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
PRST.	MARTIN CORWIN	631 N. STEPHANIE ST. #424	HENDERSON, NEVADA 89014
D.	MARTIN CORWIN	631 N. STEPHANIE ST. #424	HENDERSON, NEVADA 89014

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

4/16/02

Daytime Phone #

702-567-0044

CR2E001 (9/01)

PS 20f2

LAW OFFICES
JEROME S. REISMAN
A PROFESSIONAL ASSOCIATION
3006 AVIATION AVENUE
SUITE 4B
COCONUT GROVE, FLORIDA 33133

JEROME S. REISMAN, ESQ.
MERCEDES A. ORTEGA
PARALEGAL

April 11, 2002

TELEPHONE
(305) 856-1856
FAX
(305) 856-6988
E-MAIL
JerryReisman@aol.com

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: M.C. Productions, Inc.
FEI No.: 650921565

Dear Sirs:

Enclosed is my check in the amount of \$300.00 to reinstate M.C. Productions for the years 2001 and 2002.

The office address for the corporation and resident agent was moved and no notice was received from the Secretary of State with instructions concerning the annual fee.

Kindly reinstate the corporation.

Yours very truly,


JEROME S. REISMAN

JSR:ar
Encls.