

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

01 APR 19 AM 11:49

DOCUMENT # P99000035356

1. Corporation Name

IXOYE PRODUCTIONS, INC.

Principal Place of Business

4411 BEE RIDGE RD.
SARASOTA FL 34233

Mailing Address

4411 BEE RIDGE RD.
SARASOTA FL 34233

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

2. New Principal Office Address, If Applicable

1103 29th Ave West
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1103 29th Ave West
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

5. FEI Number

65-0912331

Applied For

Not Applicable

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34205

Country

USA

Zip

34205

Country

USA

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	BEHRENS, KEVIN	5015 33RD ST. EAST 1103 29th Ave West	BRADENTON FL 34203 34205

8. Name and Address of Current Registered Agent

TROYER, PAMELA
7543 LEEWYNN DR.
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name

KEVIN BEHRENS

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

1103 29th Ave West

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

1/1/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/01

Date

941-744-7623

Daytime Phone #

CR2E040 (8/00)