

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

01 NOV -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050826

1. Corporation Name

JJ SALCIDO PRODUCTIONS, INC.

Principal Place of Business

121 N. JEFFERSON AVE
APT. 30
CLEARWATER FL 33755

Mailing Address

115 SOUTH MARS AVENUE
CLEARWATER FL 33755

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

59-3612794

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
DPV	SALCIDO, JOAQUIN	121 N. JEFFERSON AVE APT. 30	CLEARWATER FL 33755
SD	RALUY, JOSE J	121 N. JEFFERSON AVE APT. 30	CLEARWATER FL 33755
TD	RALUY, MARIA I	121 N. JEFFERSON AVE APT. 30	CLEARWATER FL 33755
			100004705521--4
			-12/05/01--01025--004
			****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

SALCIDO, JOAQUIN
121 N. JEFFERSON AVE
APT. 30
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name

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

528 CLEVELAND ST.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

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

08-29-01

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

Date

Daytime Phone #

10-29-01 727 4660532

October 25, 2001

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

Reinstatement for: JJ Salcido Productions Inc.

Your notice of administrative dissolution of the corporation caught us by surprise.

Please notice that the address you are using is incorrect. All the returns that we file with the State of Florida such as the sales tax return and the liquor tax return all use the 528 Cleveland Street address.

This explains why we did not receive any notices prior to the one telling us that the corporation had been dissolved. We were lucky that the person at the wrong address sent the notice to us, otherwise we wouldn't even know about that..

Enclosed is a check for \$150 . We ask that you consider waiving the additional fees. We have never been late before and we are late this time only because of the confusion regarding the address..

We certainly would appreciate your consideration to our request.

Yours truly,

Joaquin Salcido