

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 OCT 18 AM 10:51

DOCUMENT # P99000056964

1. Corporation Name

WEB WISE PRODUCTIONS INC.

Principal Place of Business

15751 SHERIDAN ST.  
#306  
FT. LAUDERDALE FL 33331

Mailing Address

15751 SHERIDAN ST.  
#306  
FT. LAUDERDALE FL 33331

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



REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1999

5. FEI Number

65-0927897

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
P	KRUTCHIK, JON	1560 SW 164 AVE	PEMBROKE PINES FL 33027
P	KRUTCHIK, JON	15751 SHERIDAN ST #306	Ft Lauderdale, FL 33331

400004658294 2  
-10/30/01--01006--022  
\*\*\*\*758.75 \*\*\*\*758.00  
758.75

8. Name and Address of Current Registered Agent

KAYE, JOHN  
15751 SHERIDAN ST.  
#306  
FT. LAUDERDALE FL 33331

9. Name and Address of New Registered Agent

Name Jon - Krutchik  
Street Address (P.O. Box Number is Not Acceptable)  
15751 SHERIDAN STREET  
Suite, Apt. #, Etc.  
#306  
City Ft Lauderdale State FL Zip Code 33331

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

10/16/01

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 #

10/16/01

954-680-1660

CR2E040 (8/01)