

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066334

1. Corporation Name

FANCY TOMATO PRODUCTIONS, INC.

2. Principal Office Address

55 Clayton Lane

Suite, Apt. #, etc.

3. Mailing Office Address

55 Clayton Lane

Suite, Apt. #, etc.

City & State

Grayton Beach Florida

City & State

Grayton Beach Florida

Zip

32459

Country

Walton

Zip

32459

Country

Walton

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/19/1999

5. FEI Number

59-3598358

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

M. Todd Burke, Esq.

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

215 Grand Boulevard

Suite, Apt. #, Etc.

Suite 101

City

Sandestin

State
FL

Zip Code

32550

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**

M. Todd Burke, Esq. REGISTERED AGENT MUST SIGN

Date

10/22/02

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
P	Patricia Alley	318 Magnolia Creek Road	Santa Rosa Beach FL 32459

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

Daytime Phone #

October 7, 2002 850 731 0072

CR25017801