

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000067757**

1. Corporation Name

REACHFAR FILMS, INC.

Principal Place of Business

Mailing Address

924 SUMMER LAKES DR
ORLANDO FL 32835

POST OFFICE BOX 616261
ORLANDO FL 32861

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1999

5. FEI Number

59-3589914

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
PD	FIGG, JONATHAN	924 SUMMER LAKES DRIVE	ORLANDO FL 32835
VD	FIGG, ROYSTON	924 SUMMER LAKES DRIVE	ORLANDO FL 32835
SD	FIGG, CHERYL	924 SUMMER LAKES DRIVE	ORLANDO FL 32835

500024382605
11/03/03--01073--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIGG, JONATHAN
924 SUMMER LAKES DRIVE
ORLANDO FL 32835

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 #

FILED

03 NOV -3 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

REACHFAR FILMS, INC

P.O. 616261, Orlando, FL 32861

407.523.1800

**Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327**

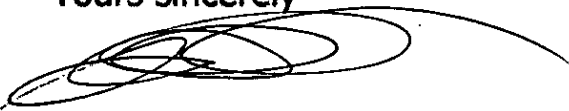
Dear Sirs,

Re: Reinstatement of Reachfar Films, Inc.

I enclose for your attention our Application for Reinstatement.

I did not receive the uniform business report notices for our company, and I would appreciate you giving consideration to waiving the reinstatement fee.

Yours sincerely

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

J. D. Figg