

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 12 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072590

1. Corporation Name

8 RIVERS PRODUCTION INC.

2. Principal Office Address

1440 CORAL RIDGE DRIVE

Suite, Apt. #, etc.

107

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

3. Mailing Office Address

1440 CORAL RIDGE DRIVE

Suite, Apt. #, etc.

107

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

REINSTATEMENT

03-04

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

08/13/1999

5. FEI Number

650931724

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

JAMES B DEAN

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

1440 CORAL RIDGE DRIVE

Suite, Apt. #, Etc.

107

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

James B. Dean

REGISTERED AGENT MUST SIGN

Date 2-6-04

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
PD	JAMES B DEAN	1440 CORAL RIDGE DRIVE, #107	CORAL SPRINGS, FL 33071
VPD	MARGARET DEAN	1440 CORAL RIDGE DRIVE, #107	CORAL SPRINGS, FL 33071
TD	SHELLIE DEAN	1440 CORAL RIDGE DRIVE, #107	CORAL SPRINGS, FL 33071
SD	NADIA DEAN	1440 CORAL RIDGE DRIVE, #107	CORAL SPRINGS, FL 33071

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:

James B. Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-6-04 954-650-5474

Daytime Phone #

CR2E081 (10/02)

8 Rivers Production Inc.
1440 Coral Ridge Drive, #107
Coral Springs, Fl 33071

February 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32399


RE: 8 Rivers Production Inc.
Document Number P99000072590
FEI Number 650931724

To whom it may concern:

The undersigned director of 8 Rivers Production Inc. agrees and consents that the regular annual report was never received by mail, therefore it was impossible to file the annual report. Please waive the reinstatement fee.

Should you have any questions, please do not hesitate to correspond to the above address.

Sincerely,


James B. Dean
President