

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200022930492
09/10/03--01052--018 **458.75

DOCUMENT # **p49000081049**

1. Corporation Name

HEART FORGE PRODUCTIONS, INC.

2. Principal Office Address

11966 Washington Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

Zip

33025

Country

USA

3. Mailing Office Address

11966 Washington Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

Zip

33025

Country

USA

REINSTATEMENT 01-03
WOP

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/99

5. FEI Number

65-1000565

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

Neil Phillips

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

11966 Washington Street

Suite, Apt. #, Etc.

City

Pembroke Pines,

State
FL

Zip Code
33025

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

Neil Phillips

Date

9/8/2003

REGISTERED AGENT MUST SIGN

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
DPTS	Neil Phillips	11966 Washington Street	Pembroke Pines, Fl. 33025

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:

pres.

Neil Phillips, pres.

9/8/2003

(954) 443-9958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FISCHLER & FRIEDMAN, P.A.

ATTORNEYS AT LAW
116 SOUTHEAST SIXTH COURT
FORT LAUDERDALE, FLORIDA 33301

MICHAEL A. FISCHLER*

CIRCUIT COURT MEDIATOR
FAMILY COURT MEDIATOR
QUALIFIED ARBITRATOR

HOWARD S. FRIEDMAN*

* ALSO MEMBER FEDERAL BAR

TELEPHONE
(954) 763-5778

FACSIMILE
(954) 763-3238

September 9, 2003

VIA FEDERAL EXPRESS
AIRBILL # 8400 2210 0850

Department of State
Division of Corporations
Reinstatement Division
409 East Gaines Street
Tallahassee, Florida 32399

RE: Heart Forge Productions, Inc.

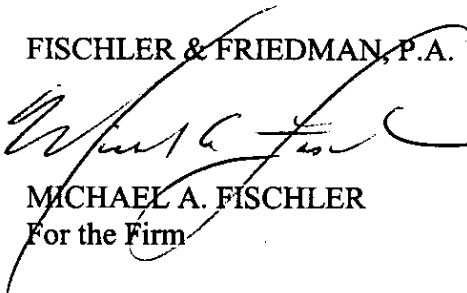
Dear Sirs:

Enclosed please find a corporate Reinstatement form for this firm's client, Heart Forge Productions, Inc., which was apparently administratively dissolved in September, 2001. To the best of my client's knowledge, they never received an Annual Report in the year 2001. We are enclosing this firm's Check No. 1632 in the amount of \$458.75, representing the annual fees (\$150.00), for the years 2001, 2002 and 2003, our client's requesting that the reinstatement fee be waived in light of the above, and an additional \$8.75 for a Certificate of Status to be provided. Also enclosed is a stamped, self-addressed envelope to facilitate delivery of same back to this office.

Should there be any problems with your processing this request, please contact me. Otherwise, thank you for your cooperation and assistance.

Very truly yours,

FISCHLER & FRIEDMAN, P.A.



MICHAEL A. FISCHLER
For the Firm

MAF/dhs

Enc.

CC: Heart Forge Productions, Inc.