

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 26 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099165

1. Corporation Name

OVER THE TOP PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

420 LINCOLN ROAD, #240
MIAMI BEACH FL 33139

420 LINCOLN ROAD, #240
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

1446 Jefferson Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1446 Jefferson Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

5. FEI Number

65-0962377

Applied For

Not Applicable

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139

Country
USA

Zip
33139

Country
USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	KASDIN, SCOTT	420 LINCOLN ROAD, #240	MIAMI BEACH FL 33139
			LS
			300003932143--2
			03/30/01--01092--018
			****900.00 ****300.00

8. Name and Address of Current Registered Agent

KASDIN, SCOTT
420 LINCOLN ROAD, #240
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name Scott Kasdin
Street Address (P.O. Box Number is Not Acceptable)
1446 Jefferson Ave.
Suite, Apt. #, Etc.
City Miami Beach
State FL Zip Code 33139

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

Scott Kasdin
REGISTERED AGENT MUST SIGN

Date 2/27/01

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:

Scott Kasdin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/01 (305) 531-3239
Daytime Phone #

CR2040 (8/00)