

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 24 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000101540

1. Corporation Name

GOLDROOM & COMPANY PRODUCTIONS, INC.

2. Principal Office Address

2341 NW 34th Avenue

3. Mailing Office Address

2341 NW 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33311

Country

Zip

33311

Country

4. Date incorporated or qualified  
To Do Business in Florida

11/19/99

5. FEI Number

APPLIED FOR

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

Josiah Odunna

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

2341 NW 34th Avenue

Suite, Apt. #, Etc.

City

Lauderdale Lakes,

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

11/30/01

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	Walter Orange	2341 NW 34th Avenue	Ft. Lauderdale, FL 33311
VP, SEC	Josiah Odunna	2341 NW 34th Avenue	Ft. Lauderdale, FL 33311

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:

JOSIAH ODUNNA

11/30/01 954 882 4612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/00)

1/22/02

To: Flexion Division, or Corporations

208

Enclosed please find my check  
for 450<sup>00</sup> for reinstatement of  
my company. All prior  
correspondence from you was sent  
to a wrong address, including returned  
~~my~~ mail that was not returned to  
me.

Please write the address on my  
check and enclosed documents.

Thank You,

Joshua Schuman.