

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000101841

1. Entity Name  
BLUMONK PRODUCTIONS, INC.



FILED

04 NOV -4 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4090 LAGUNA ST., SUITE 204  
CORAL GABLES, FL 33146

Mailing Address  
4090 LAGUNA ST., SUITE 204  
CORAL GABLES, FL 33146

2. Principal Place of Business  
364 SEVILLA AVENUE

3. Mailing Address  
364 SEVILLA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



10282004

REIN-P

CR2E098 (6/04)

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
65-0976948

Applied For  
Not Applicable

Zip  
33134-6615

Country  
US

Zip  
33134-6615

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARTINEZ, RICHARD  
4090 LAGUNA ST., SUITE 204  
CORAL GABLES, FL 33146  
364 SEVILLA AVENUE  
CORAL GABLES, FL 33134-6615

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
11/1/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MARTINEZ, RICHARD  
STREET ADDRESS 4090 LAGUNA ST., SUITE 204  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME MARTINEZ, RICHARD  
STREET ADDRESS 364 SEVILLA AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134-6615

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800042477088  
11/04/04--01049--018 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
11/1/04

DAYTIME PHONE #  
305 443 3358