

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # S26734

1. Corporation Name

PRAGER PRODUCTIONS, INC.

98 NOV 19 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1441 SW 10 AVE.
#207
POMPANO BCH. FL 33069
US

P OBOX 8102
FT LAUDERDALE EF 33310
US

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

2. New Principal Office Address, If Applicable

1407 SW 10 AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

POMPANO BCH, FL

City & State

Zip

33069

Country

USA

Zip

Country

REINSTATEMENT
REINSTATEMENT

4. Date Incorporated or Qualified
For Reinstatement

01/22/1991

5. FEI Number

65-0253744

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDS	PRAGER, PAUL	4640 S.W. 42ND TERRACE	FORT LAUDERDALE FL
VTD	DI IOIA, ANTHONY	4700 S.W. 42ND TERRACE	FORT LAUDERDALE FL

800002695668--8
-12/02/98--01001--002
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DI IOIA, BRENDA

4801 S UNIVERSITY DR

STE 307

FT LAUDERDALE FL 33328

4640 SW 42nd TERE
FT. LAUD, FL 33314

Name

DiIoia, Brenda

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

4640 SW 42nd Terrace

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33314

10. 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

Brenda DiIoia
REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

954-784-3839
Daytime Phone #

CR2E040 (9/98)