

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48740**

1. Corporation Name
INSURGENCE PRODUCTIONS, INC.

Principal Place of Business
**8903 GLADES ROAD
STE. #140
BOCA RATON FL 33434
US**

Mailing Address
**20423 SR 7
397
BOCA RATON FL 33498
US**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/29/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3062565	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CHEEVERS, CRAIG	20423 SR 7 SUITE 397	BOCA RATON FL

6000002521726-0
-05/13/98--01055--005
****900.00 ****900.00

REINSTATEMENT 47-98 2521726 6/16/98

8. Name and Address of Current Registered Agent

**PEREZ III, FRENANDO
315 E MADISON ST
SUN BANK BLDG SUITE 1000
TAMPA FL 33602**

9. Name and Address of New Registered Agent

Name **Craig Cheevers**
Street Address (P.O. Box Number is Not Acceptable)
20423 State Road 7
Suite, Apt. #, Etc.
397
City **Boca Raton** State **FL** Zip Code **33498**

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
REGISTERED AGENT MUST SIGN

Date **4/30/98**

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

Craig Cheevers

4/30/98 **5613954432**
Date Daytime Phone #

CR2E040 (8/97)