

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:00

DOCUMENT # S67880

1. Corporation Name

LIVE OAK PRODUCTIONS GROUP, INC.

Principal Place of Business

Mailing Address

RT. 2 BOX 751 HWY 69
BLOUNTSTOWN FL 32424

RT. 2 BOX 751 HWY 69
BLOUNTSTOWN FL 32424

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

07/18/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country
32424 US

Zip Country
32424 US

5. FEI Number

59-3078739

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STOLTZFUS, ELAM	RT 2 BOX 751	BLOUNTSTOWN FL
VS	STOLTZFUS, ESTHER	RT 2 BOX 751	BLOUNTSTOWN FL
	Live Oak Production Group Elam Stoltzfus 25362 NE Charles Pippen Rd Blountstown, FL 32424		

300030572023
03/16/04--01085--006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOLTZFUS, ELAM S.

25362 NE CHARLES POPPER RD
BLOUNTSTOWN FL 32424

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-15-04

11. 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

Date

Daytime Phone #

ELAM STOLTZFUS

3-15-04 80674-2902

CR2040 (7/03)