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 #

V17450

1. Corporation Name

BAR SOP PRODUCTIONS, INC.

FILED

97 JAN -2 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal P	lace of Business	Mailing Addr	ASS	<u> </u>			
	THEAST 142ND STREET						
-VIELA C:		410 NORTHEAST 142ND STREET NORTH MIAMI FL 33161					
NORTH MIAMI FL 33161 US						STATEMEN	* Ala
If above addresses are incorrect in any way, line through incorrect information and enter correction below					RF#	21 Viciaicu	- Comment
, , , ,			ing Office Address, If Applicable		Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #			etc		To Do Business in Florida 02/27/1992		
					5. FEI Number		Applied For
City & State		City & State			65-0314565 Not Applicable		Not Applicable
Zip	Country	Zip	Counti	ry	6. CERTIFICATE	OF STATUS DESIRED	75 Additional Fee required or 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 3 (Do NO			reet Address of Each ficer and/or Director se Post Office Box N	at Address of Each er and/or Director Post Office Box Numbers) 4 City / State / Zip		ate / Zip
P	RUTLEDGE, KEVIN J.		410 NORTHEA	ST 142ND STREET	T NORTH MIAMI FL		
<u>-9</u>		_					
					51	00002050 -01/08/970	0158
		•				****383.75	****383.75
		-					
		1				121-10-	97
	8. Name and Address of Current	nt	9. Name and Address of New Registered Agent			Agent	
				Name			(30)
RUTLEDGE, KEVIN J.				Street Address (P.O. Box Number is Not Acceptable)			
410 P - VILI-A	NORTHEAST 142ND STREET	State And A Fin			·	CPOEMACTAGE	
	TH MIAMI FL 33161	Suite, Apt. #, Etc.				•	
	11. 17112 att 1 E 40.101	City			State	Zip Code	
10. I, being Signature o Registered	appointed the registered agent of the about	W/Ce	ration, am familiar wi		ligations of Section		196
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No on intangible tax.)							
this rein:	that I am an officer or director or the receistatement application, the reason for dissortine corporation have been paid and the	lution has been	eliminated, the corpo	rate name satisfies t	he requirements.	of section 607 0401 or 617 04	01 F.S. that all fees

SIGNATURE: 2 PART HELGE /EVINT. PUTLEDGE /2/30/96 (305) 893-6945

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.