

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 19 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **V21405**

1. Corporation Name

**BRAVO PRODUCTIONS, INC.**

Principal Place of Business

18260 NW 19TH ST  
PEMBROKE PINES FL 33029  
US

Mailing Address

18260 NW 19 ST  
PEMBROKE PINES FL 33029  
US



REINSTATEMENT

*No CO*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/16/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0324559	
				Applied For	
				Not Applicable	
				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
PD	GRIJALVA, GERMAN	18260 NW 19 ST	PEMBROKE PINES FL
VD	GRIJALVA, RITA	18260 NW 19 ST	PEMBROKE PINES FL

800002037208--4  
-12/24/96--01111--022  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GRIJALVA, GERMAN 18260 NW 19 ST PEMBROKE PINES FL 33029		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 110.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96 (954) 430-3455  
Date Daytime Phone #

CR2ED-00 (7/96)