

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

02 JAN -2 PM 12:41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V21405**

1. Corporation Name  
**BRAVO PRODUCTIONS, INC.**

Principal Place of Business	Mailing Address
18260 NW 19TH ST PEMBROKE PINES FL 33029 US	18260 NW 19 ST PEMBROKE PINES FL 33029 US



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

**REINSTATEMENT**

00-02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		03/16/1992	
5. FEI Number		65-0324559	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
		Applied For Not Applicable	

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	4 City / State / Zip
PD	GRIJALVA, GERMAN	18260 NW 19 ST	PEMBROKE PINES FL
VD	GRIJALVA, RITA	18260 NW 19 ST	PEMBROKE PINES FL
			800004765108--0 -01/10/02--01060--012 ***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

GRIJALVA, GERMAN  
 18260 NW 19 ST  
 PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 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 **12/21/2001**

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]* **REGISTERED AGENT** *[Signature]* P.D. 12/21/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 954-430-3258

CR2E040 (8/00)