

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

ARCHIVED  
AND  
FILED

96 NOV -7 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V40409**

1. Corporation Name

**AQUILA STREET PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

2717 S. MACDILL AVENUE  
TAMPA FL 33629

2717 S. MACDILL AVENUE  
TAMPA FL 33629

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

Suite, Apt. #, etc.

2722 S. MACDILL

Suite, Apt. #, etc.

2722 S. MacDill

City & State

Tampa FL

City & State

Tampa FL

Zip

33629

Country

Zip

33629

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1992

5. FEI Number

59-3125303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MURPHY, MICHAEL	2717 S. MACDILL AVENUE	TAMPA FL 33629

400002003904-2  
-11/13/96-01192-025  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

MURPHY, MICHAEL  
2717 S. MACDILL AVENUE  
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

Murphy, Michael

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

2722 S. MacDill

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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]*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 119.07(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

11-6-90

(813) 254-1444

Date

Daytime Phone #