

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 1:44

DOCUMENT # V58370

1. Corporation Name

BACKSTAGE PRODUCTION INC.

Principal Place of Business

6400 N.E. 4TH COURT
MIAMI FL 33138

Mailing Address

6400 N.E. 4TH COURT
MIAMI FL 33138

07-21-99-90002 -040 \$550.00



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1992

5. FEI Number

65-0331509

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	NEIMAN, RAY	2450 NE 214TH ST.	MIAMI FL 33180
V	FERGUSON, PATRICK GLENN	461 NE 146 TERR.	MIAMI FL 33161
T	PERICHE, RICHARD M. JACQUELINE M. ROSADO	461 NE 181 ST., #108 610 NE 32ND ST	N. MIAMI BEACH FL MIAMI FL 33137
			900003032699--6 11/02/99--01077--025 ***\$200.00 ***\$200.00
			JH 11/1

8. Name and Address of Current Registered Agent

NEIMAN, RAY
2450 NE 214TH ST.
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name
JACQUELINE M. ROSADO
Street Address (P.O. Box Number is Not Acceptable)
6400 NE 4TH CT
Suite, Apt. #, Etc.
City
Miami

State
FL

Zip Code
33137

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

Jacqueline M. Rosado

Date

10/13/99

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

305 751-7900

CR20240 (8/99)