

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V61679

1. Corporation Name

FAR HORIZONS PRODUCTIONS, INC.

2. Principal Office Address

13825 ICOT BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 604

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

33760

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/1992

5. FEI Number

593142544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT INGRAM

000011798940

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

13825 ICOT BLVD.

02/05/03--01013--002 **300.00

Suite, Apt. #, Etc.

SUITE 604

City

CLEARWATER

State
FL

Zip Code
33760

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 1/30/2003

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JOHN C. REDMOND	13828 ICOT BLVD., SUITE 604	CLEARWATER, FL 33760

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2003 (727) 536-3342

Date

Daytime Phone #

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 FEB -5 PM 2:20

FILED

CR2E081 (10/02)

2/10/03

FAR HORIZONS PRODUCTIONS, INC.

13825 ICOT BLVD.
SUITE 604
CLEARWATER, FL 33760

January 30, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Waiver of Reinstatement Fee

Dear Sir/Ma'am:

I am writing to request a waiver of the reinstatement fee based on grounds that I did not receive the Annual Uniform Business Report for 2002. I spoke with one of your representatives at the reinstatement department of the Division of Corporations. She informed me that an original mailing of the Report for 2002 was sent to 7801 Grand National Blvd., Orlando Florida. For the record I moved my business from Orlando to Clearwater in January of 2002. This would explain my not receiving the first mailing. I also understand that a second mailing was sent but not returned. I am uncertain as to why it was not returned but I never received it. I only noticed that Far Horizons Productions, Inc. was administratively dissolved in October of 2002 when I was reviewing the Annual Uniform Business Report for 2003 for another company for which I am a partner. I was told that if I send you this letter along with a completed Reinstatement form and \$300.00 you would make a determination as to whether these facts support waiver of the reinstatement fee.

Thank you for your time and cooperation in this matter.

Sincerely,


John C. Redmond