

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
20 APR 21 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2B081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F0100004083

1. Corporation Name
DEGRAW STREET PRODUCTIONS, INC

2. Principal Office Address - No P.O. Box # 154 DEAN ST		3. Mailing Office Address 154 DEAN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKLYN, NY		City & State BROOKLYN, NY	
Zip 11217	Country US	Zip 11217	Country US

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/2001

5. FEI Number: 95-3936774
Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED: \$875 Addition of Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: J LARSEN & ASSOCIATES, PC

Street Address (P.O. Box Number is Not Acceptable): 7113 1ST AVE S

Suite, Apt. #, Etc.

City: ST PETERSBURG
State: FL
Zip Code: 33707

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: [Signature] Date: 4-17-2020

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
D	TIMOTHY VAN PATTEN	154 DEAN ST	BROOKLYN, NY 11217
D	HEATHER LARSEN	7113 1ST AVE S	ST PETERSBURG, FL 33707
D	WENDY VAN PATTEN	154 DEAN ST	BROOKLYN, NY 11217

APR 22 2020 [Signature]

10. E-mail Address: HEATHER@JLARSEN.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [Signature] Date: 4/17/20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #