

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:08

DOCUMENT #

1. Corporation Name

Massi Productions
P*99000074899

100004649311--9
-10/23/01--01022--001
****158.75 ****158.75

2. Principal Office Address

2424 N. Federal Hwy
Suite, Apt. #, etc.
Suite 151

3. Mailing Office Address

2424 N. Federal Hwy
Suite, Apt. #, etc.
Suite 151

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip Country

33431 USA

Zip Country

33431 USA

4. Date Incorporated or Qualified To Do Business in Florida

Aug 23, 1999

5. FEI Number

65-0952239

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

Massimiliano DeBiase

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

2424 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 151

City

Boca Raton

State

FL

Zip Code

33431

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 10/11/01

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	Massimiliano DeBiase	50 Paloma Ave.	Boca Raton FL 33486
D	Gilberto DeBiase	50 Paloma Ave	Boca Raton FL 33486

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

[Signature]

Date 10/11/01

561-47-7909
Daytime Phone #

CR2E081 (9/00)

Date: October 11, 2001
To: Division Of Corporations

To Whom It May Concern:

Our company was dissolved on September 21, 2001 because we received to file an annual report. This report was sent to our old office address and was never forwarded to our new address. Therefore we never received the notice to file the annual report. I spoke to a woman yesterday from your office and she said we would have to pay \$150.00 only to reinstate the corporation. Enclosed you will find a check and the reinstatement application. I appreciate your understanding in this matter.

Best Regards,

Max DeBiase