PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 16 PH 12: 32
DOCUMENT # N 0000000 646	SECTET/ AND FISH ATE TALLABAS OF TORDA
1. Corporation Name Standing Ovation talent Group, Inc.	B 5/25/04
2. Principal Office Address 539 Herring Gull Ct 539 Herring Gull Ct	CR2E081 (12/05)
Suite, Apt. #, etc	Date Incorporated or Qualified To Do Business in Florida
Olde FL Ocoee FL	5. FEI Number Applied For Not Applicable
34761 OLSA 34761 Orange	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name TERRI J. Bugns	
Street Address (P.O. Box Number is Not Acceptable) 529 HCYTIOG GUIL CT	
Suite, Apt. #, Etc.	05/31/0601021003 **197.50
city Oloee	State Zip Code FL 3476/
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 Redistreti 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 Street Address of Each Officers and/or Directors Officer and/or Director	
POMT Terri Curry burns 529 Herring Gu	11ch Ococe FL 34741
oc Terry Beed 4606 Wassee	ct. Orlando FL 32818
CT Patric Underwood and Argus orlando FL Orlando FL	
$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	HOWER OCORE FL 34761
S Joannie Griffin 443 Carolina Ave	WINKY PK FL 32789
O Carolula Rodman 1029 Mosshartl	^ .
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 filling 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 contained in Chapter 119, 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: CLUM' L. Aud. Terri J. Burns 4-27-DL 4075384837 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	