

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-02

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 1. Corporation Name MARKETING PRODUCTIONS, INC. 499974							
2. Principal Office Address 2194 NEWBURY COURT Suite, Apt. #, etc.				3. Mailing Office Address 2194 NEWBURY COURT Suite, Apt. #, etc.			
City & State PALM HARBOR, FLORIDA				City & State PALM HARBOR, FLORIDA			
Zip 34683		Country USA		Zip 34683		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/29/1976				5. FEI Number 59-2011853			
				Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent		
Name JUNE L. WATTS		
Street Address (P.O. Box Number is Not Acceptable) 2194 NEWBURY COURT		
Suite, Apt. #, Etc.		
City PALM HARBOR	State FL	Zip Code 34683

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 <i>June L. Watts</i>	Date 6-19-02
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, VP	JUNE L. WATTS	2194 NEWBURY COURT	PALM HARBOR, FL 34683

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 <i>June L. Watts</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 6-19-02 Daytime Phone #