

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED AND FILED

04 DEC 28 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 500946

1. Corporation Name
U.Y.A. FILMS, INC.

1400 Alabama Ave

2. Principal Office Address: 1400 Alabama Avenue
3. Mailing Office Address: 1400 Alabama Avenue

Suite, Apt. #, etc. # 2

City & State: West Palm Beach FL

Zip: 33401 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/12/1976

5. FEI Number: 59-1666102 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: STUART J HAFT ESQ

Street Address (P.O. Box Number is Not Acceptable): C/O ALLEY MAASS ROGERS & LINDSAY PA

Suite, Apt. #, Etc.: 321 ROYAL POINCIANA PLAZA

City: PALM BEACH State: FL Zip Code: 33480

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JK

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: 12/9/04

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
DST	LORRAINE ODASSO	201 W INDIES DR	PALM BEACH FL 33480
P	CHRISTIAN ODASSO	201 W INDIES DR	PALM BEACH FL 33480
VP	DIANA ODASSO	201 W INDIES DR	PALM BEACH FL 33480

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)(f), 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: *President Chean Odasso* Date: 12/12/04 Daytime Phone #: 561-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)