

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 694996

1. Corporation Name

BLACK MAMBA PRODUCTIONS, INC.

Principal Place of Business

337 E FORSYTH ST
C/O HARRY KATZ JR
JACKSONVILLE FL 32202

Mailing Address

337 E FORSYTH ST
C/O HARRY KATZ JR
JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable
8404 Gemini Drv. West

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32217-4512

3. New Mailing Office Address, If Applicable
8404 Gemini Drv. West

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32217-4512

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1981

5. FEI Number

59-2106638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| PD | SMITH, LARRY | 8404 GEMINI DR WEST | JACKSONVILLE, FL 32202 32217-4512 |
| | | | 000004658610--3 -10/30/01--01021--013 ***750.00 ***750.00 |
| | | | LS |
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| | | | |
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8. Name and Address of Current Registered Agent

KATZ, HARRY, JR
337 E FORSYTH ST
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name
Lawrence V. Smith
Street Address (P.O. Box Number is Not Acceptable)
8404 Gemini Drive West
Suite, Apt. #, Etc.

City
Jacksonville

State
FL Zip Code
32217-4512

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

10/15/01
10/15/01

Date

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., 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:

Lawrence V. Smith

Signature and Date

October 15, 2001 (904) 737-2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E04 (8/01)