

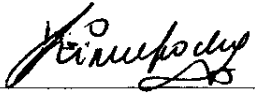


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000001281			
1. Corporation Name PRODUCCIONES KIRVER RODRIGUEZ, INC.			
Principal Place of Business 1108 NE 17 AVE #A FORT LAUDERDALE FL 33304		Mailing Address 1108 NE 17 AVE #A FORT LAUDERDALE FL 33304	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>			
2. New Principal Office Address, If Applicable 1108 NE 17 TH AVE Suite, Apt. #, etc. APT # A City & State FORT LAUDERDALE Zip 33304 Country USA		3. New Mailing Office Address, If Applicable 1108 NE 17 TH AVE Suite, Apt. #, etc. APT # A City & State FORT LAUDERDALE Zip 33304 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/08/2002		5. FEI Number 02-0547545 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RODRIGUEZ, KIRVER R	1108 NE 17 AVE #A	FORT LAUDERDALE FL 33304
8. Name and Address of Current Registered Agent RODRIGUEZ, KIRVER R 1535 NORTH VICTORIA PARK RD. FORT LAUDERDALE FL 33304		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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. or 617.0505, F.S. Signature of Registered Agent  X REGISTERED AGENT MUST SIGN Date 3/3/2004			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/3/2004 Daytime Phone #			