PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					05 AUG - 1 77 12: 24									
1. Corpora	JMENT ation Name Production ent Numbe	ıs, Inc		d												* A 1 \$	A	
2. Principal Office Address 15715 S. Dixie Highway					3. Mailing Office Address					cia	ST	ET				\(\gamma^{\gamma}\)	06	
Suite, Apt. #, etc. Suite 421				Suite, Apt. #, etc.					4. Date Incorporated or Qualified								<u>ソ</u> コ	
City & State Miami, Florida				City & State				•••	To Do Business in Florida 3-23-1987 5. FEI Number Applied For 65-0032567 Not Applicable								1	
Zip 33157				Zip		Country			6.	2567 Not Applicable E OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status						rec		
	<u> </u>				7. N	ame and	Address of C	urrent Regi	ister	ed Agent	1							
	Name Stephen Steiger, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 N. Palm Avenue Suite, Apt. #, Etc. Suite 204B City Pembroke Pines											State FL	Zip 330	Code 26				
8. I, being Signature o Registered	of /	register	ed agent of t		ve named corpo	_		and accept th	he ot	bligations	of section	n 607.05 Date				-05	·	CR2F0R1 (01/05)
9. Names		ctors)							_									
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direc													
Pres.	Bradley A. Jacobs			15715 S. Dixie Highwa				/ Suite 421			Miami, Florida 33157							
										(51 38,710	7 05 -)58 -010	345 56	63 002	165 **45(0.00	
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 817, 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-trave 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 effall have the same legal effect as if made under oath. SIGNATURE: **BLADLEY A JACOSS** **Dayline Phone #** Dayline Phone #**																		



MEMO

Division of Corporations

FROM:

Brad Jacobs

FAX NUMBER:

July 28, 2005

COMPANY:

TOTAL NO. OF PAGES INCLUDING COVER:

1

To Whom it May Concern:

I have not received any notification for renewal in some time from your offices. When I recently checked I found out that my corporation is not active due to the fact that I have not received notice and therefore I did not send in my annual fee.

As directed by your office I am sending you a check for \$450.00 which covers years 2003, 2004 and 2005 at \$150.00 per year. Please reinstate my corporation as soon as possible. Please note my new and current address below*.

Warm regards,

Brad Jaçobs

15715 SOUTH DIXIE HIGHWAY •SUITE 421 MIAMI, FLORIDA 33176

PHONE: 305.256-2764 • FAX: 305.675-2226