


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE	
		98-99778 Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K08790		99 APR 28 AM 11:07 TALLAHASSEE, FLORIDA	
1. Corporation Name R.A.M. PRODUCTIONS, INC.			
Principal Place of Business 525 93RD STREET SURFSIDE FL 33154 US		Mailing Address 525 93RD STREET SURFSIDE FL 33154 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 12/23/1987	
		5. FEI Number 65-0021814	
		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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MARQUEZ, ROBERT A	525 93RD STREET	SURFSIDE FL
			500002868035--8
			-05/07/99--01128--016
			****300.00 ****300.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARQUEZ, ROBERT A 525 93RD STREET SURFSIDE FL 33154		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 Robert A. Marquez		Date 4/1/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: Robert A. Marquez		ROBERT A. MARQUEZ 4/1/99 (305) 866-2488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Please accept this check in the amount of \$ 300 for reinstatement of the 1998 annual corporation report and for the 1999² annual corporate report. The 1998 corporate annual report along with \$150 check was mailed timely but apparently was lost in the mail. I hereby verify that it (the 1998 report) was filed timely. I ask you to please waive the penalty as I am a very small business and the additional penalty creates economic hardship for me. I was recently unable to work for one month because of back problems and as a self employed individual I do not have disability insurance and economically things are difficult.

Sincerely,

Robert A. Marquez
Robert A. Marquez, President