

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 17 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49212

1. Corporation Name

SUR PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

9290 SUNSET DR., STE 105
MIAMI, FL 33173

9290 SUNSET DR., STE 105
MIAMI, FL 33173

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

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-09/22/98--01041--015
***1208.75 ***1208.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/25/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0091839

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

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
P -V	JEAN FRANCOIS BOYER	9290 SUNSET DR., STE 105	MIAMI, FL 33173

B. 9/18

REINSTATEMENT 95-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY ROBINSON
201 FLUVIA AVE
CORAL GABLES, FL 33134

Name
JIM SIERRA
Street Address (P.O. Box Number is Not Acceptable)
9290 SUNSET DR.
Suite, Apt. #, Etc.
105
City
MIAMI State **FL** Zip Code **33173**

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

Date 8/20/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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: JEAN FRANCOIS BOYER (Pres/Vpres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/20/98 (305) 2717310
Date Daytime Phone #

CR2E040 (12-98)