

515 + 8.75 = 523.75
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 NOV 17 AM 11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L63948

1. Corporation Name
 LEON PRODUCTIONS, INC.

Principal Place of Business Mailing Address
 1303 SW 107TH AVE. 1303 SW 107TH AVE.
 MIAMI, FL 33174 MIAMI, FL 33174

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	4. Date Incorporated or Qualified To Do Business in Florida 04/04/90
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0186761
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P	SERGIO OREFICE	11281 NW 50 TER.	MIAMI, FL 33178
S	MANOEL R. LOUREIRO	1627 BRICKELL AVE.#1701	MIAMI, FL 33129-1250
			700002695747-5 11/24/98-01081-003 ***533.75 ***533.75

8. Name and Address of Current Registered Agent SERGIO OREFICE 11281 NW 50 TER. MIAMI, FL 33178	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: *[Signature]* Date: _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

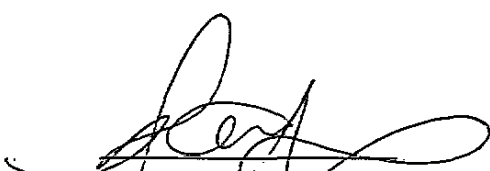
WJK

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$540.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **LEON PRODUCTIONS, INC.**

Thank you for your courtesy in this matter.



SERGIO OREFICE
President

Sent PCg
articles
per Sean Toner
ag 11/19/98