

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 JUN -5 AM 11:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L86772

1. Corporation Name

**K-O PRODUCTIONS, INC.**

Principal Place of Business	Mailing Address
3520 W. BROWARD BLVD., SUITE 105 FORT LAUDERDALE FL 33312	3520 W. BROWARD BLVD., SUITE 105 FORT LAUDERDALE FL 33312

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

**REINSTATEMENT** 97-98

4. Date Incorporated or Qualified To Do Business In Florida	7/16/90
5. FEI Number	Applied For
65-0208565	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	FF 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
D	DAVID HIRSCHENSON	3520 W. BROWARD BLVD, SUITE 105	FORT LAUDERDALE FL 33312

*(Handwritten signature/initials)*

400002557004 -- 1  
 -06/11/98--01085--002  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

DAVID HIRSCHENSON  
 3520 W. BROWARD BLVD., SUITE 105  
 FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> 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.

Signature of Registered Agent *(Signature)* Date 5/12/98  
 REGISTERED AGENT MUST SIGN

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)(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)* Date 5/12/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #