

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

02 AUG 29 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

IVO Global Productions INC.

100000006147

200007510712--6
-09/04/02--01042--001
****908.75 ****908.75

REINSTATEMENT 01-02

2. Principal Office Address

301 W PLATT STREET

Suite, Apt. #, etc.

157

City & State

TAMPA FL

Zip

33606

Country

US

3. Mailing Office Address

301 W PLATT STREET

Suite, Apt. #, etc.

157

City & State

TAMPA FL

Zip

33606

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/99

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREA JASTREMSKI

Street Address (P.O. Box Number is Not Acceptable)

2915 W EL PRADO BLVD

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33629

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/26/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRESIDENT</i>	<i>ANDREA JASTREMSKI</i>	<i>2915 W EL PRADO BLVD</i>	<i>TAMPA FL 33629</i>
<i>VICEPRESIDENT</i>	<i>JOHN BOGDAN</i>	<i>2915 W EL PRADO BLVD</i>	<i>TAMPA FL 33629</i>

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 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:

[Signature] *ANDREA JASTREMSKI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/02 813-205-9637

Daytime Phone #

js 8/25/02

CR2E081 (8/01)