PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					FILED			
_	RPORATION ISTATEMENT		A DEPARTMENT OF STATE Secretary of State Vision of corporations			03 DEC 11	PM 12: 43	
DOCUMENT # P 000000 19731				SECRETARY OF STATE FALLAHASSIE FLORIDA				
1. Corporation Name								
KEA Productions Company					REMISTATEMENT 02			
~~~~ (			Office Address 8 NW 31 Terrace.	12710	7 <b>0</b> 70 703-	<b>-95-46</b> 01068021	343 **150.00	
Suite, Apt. #, etc. Suite, Ap			etc.	4. Date Incom		Qualified —	\	
City & State City & State				To Do Bus		lorida Te	b 24,2000	
Zip	omi - FL	mi - FL Country	65-0985349			Applied For Not Applicable		
331	1 1	331 ⁻³		6. CERTIFICATI	E OF STAT	US DESIRED 🔲 S	8.75 Additional Fee required for a Certificate of Status	
		7.	Name and Address of Current Register	red Agent				
	Street Address (P.O. Box Number is Not Acceptable) 10478 NW 31 Verrace Suite, Apt. #, Etc.							
	City Miami				State FL	Zip Code 33178	)	
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   REGISTERED AGENT MUST SIGN								
9. Names	and Street Addresses of Each Office	er and/or Director (Fl	orida nonprofit corporations must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P	KEILA ERMECHEO		10750 NW 66 ST. APT 110		mi.	ami, F1.	33178	
5/T	Nicolós Ezmecheo Ir. Maniela Ibarra		10750 NW 6655. Apt 110		miami, [=! 33178			
D	manila Iba	na	10210NW 66 St.	Apr 110	mil	mi, Fl.	33/78	
			·					
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 AND TYPED O	R PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date	Da ⁻	vtime Phone #	

Miami November 30,2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FI 32399

Re: KEA Production Document # P0000019731 FEI Number 65-0985349

It has come to our attention that the 2003 Uniform Business Report (UBR)payment for the above mentioned company was charge.

Please note that we never received the communication from the Division of Corporation about the missing signature in the check number 1691 for \$150 send on May 19.

Enclosed find the check and the new UBR application completed.

Thanking you for your cooperation

Keila Alfonzo Ermecheo

President