

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -9 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046240

1. Corporation Name

RMK PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

5212 WATER VISTA DRIVE
ORLANDO FL 32821

5212 WATER VISTA DRIVE
ORLANDO FL 32821

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

REINSTATEMENT

01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3642070

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
D	KERR, ROBERT M	5212 WATER VISTA DRIVE	ORLANDO FL 32821
D	KERR, BETHANY	5212 WATER VISTA DRIVE	ORLANDO FL 32821
			600004789986--3 -01/22/02--01027--008 ***900.00 ***900.00 /LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KERR, ROBERT M
5212 WATER VISTA DRIVE
ORLANDO FL 32821

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** 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

Robert M. Kerr

REGISTERED AGENT MUST SIGN

Date

1-2-02

11. 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:

Bethany Kerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-02 #(407)934-3763

CR2E040 (801)