

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 21 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019503

1. Corporation Name

DKMB PRODUCTIONS, INC.

900008443589--1
-10/18/02--01035--002
****150.00 ****150.00

2. Principal Office Address

1413 SUNSET HARBOR DRIVE

Suite, Apt. #, etc.

SUITE 113

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1413 SUNSET HARBOR DRIVE

Suite, Apt. #, etc.

SUITE 113

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/01

5. FEI Number

65-1078428

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

DIONETTE KALKHOFFER

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

1413 SUNSET HARBOR DRIVE

Suite, Apt. #, Etc.

SUITE 113

City

MIAMI BEACH

State
FL

Zip Code

33139

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/02

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
PVTSD	DIONETTE KALKHOFFER	1413 SUNSET HARBOR DRIVE #113	MIAMI BEACH, FL 33139

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

10/15/02

Daytime Phone #

905 469-0520

CR2E081 (9/01)

js 10/23/02

DKMB PRODUCTIONS, INC.
1413 SUNSET HARBOR DRIVE SUITE 113
MIAMI BEACH, FL 33139
305-469-0520

October 10, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DKMB Productions, Inc. # P01000019503

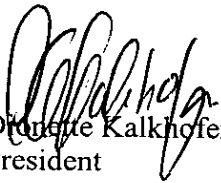
Dear Sir or Madam:

As per our conversation with your office, please be advised that our accountant recently advised us that our corporation was inactive. DKMB Productions, Inc. never received their 2002 Uniform Business Report from the Florida Department of State or any other paperwork requesting or indicating the actions required to maintain our proper legal standing.

Enclosed please find our 2002 UBR and a check for \$150. We respectfully request the \$600 penalty be waived due to reasonable cause as stated above.

If you require any additional information please do not hesitate to contact us.

Sincerely,


Dionette Kalkhofer
President