


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



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

02 NOV -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000107334**
1. Corporation Name **Original Brotherhood Productions, Inc.**

700008784247
11/04/02--01072--008 **150.00

2. Principal Office Address 10514 Nixon Road.		3. Mailing Office Address 10514 Nixon Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33624	Country USA.	Zip 33624	Country USA.

4. Date Incorporated or Qualified To Do Business in Florida 11-5-2001	
5. FEI Number 263839684	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Richard W. Cumbie		
Street Address (P.O. Box Number is Not Acceptable) 10514 Nixon Road.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33624

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 **Richard W Cumbie** Date **Oct. 9, 2002**
REGISTERED AGENT MUST SIGN

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
P. Pres./Owner	Richard W. Cumbie	10514 Nixon Road	TAMPA, FL 33624

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: **Richard W Cumbie** - **Richard W. Cumbie** Date **Oct. 9, 2002** Daytime Phone # **(813) 335-1911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

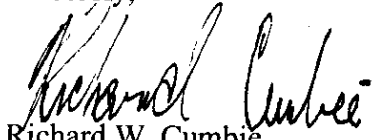
To Whom It May Concern:

10/11/2002

This letter is in regards to the reinstatement fee that is required to be paid on a corporation, Original Brotherhood Productions, Inc. The Uniform Business Report form was never submitted in January, because it was never received. I understand a follow up letter was also sent out, and again was not received. I found out this information when calling the Division of Corporations reinstatement department. The reason that neither of these forms was received was because they were being mailed to the wrong post office box, a number was missing in the address. The box that they were mailed to was #2662; the correct box is #26623.

I am submitting this letter along with the Reinstatement Form and the \$150.00 regular filing fee. Please accept this letter as adequate reasoning to waive the fee of \$750.00 for not submitting the UBR form in January.

Sincerely,



Richard W. Cumbe

President/Owner

Original Brotherhood Productions, Inc.

* If you have any questions, please feel free to call (813) 966-6950 or (813) 335-1911.