

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FIL  
 05 DEC -5 PM 9:10

DOCUMENT # **P01000108898**  
 1. Corporation Name  
**EROS GRAPHICS, INC.**

2. Principal Office Address <b>2100 J LINTON LAKE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>2100 J LINTON LAKE DRIVE</b> Suite, Apt. #, etc.	
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH FL</b>	
Zip <b>33445</b>	Country <b>U.S.A</b>	Zip <b>33445</b>	Country <b>U.S.A</b>

CR2E081 (8/05)

4. Date incorporated or Qualified To Do Business in Florida **11/15/01**

5. FEI Number **65-1156614** 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  
**CLAUDETTE V BROWN**

Street Address (P.O. Box Number is Not Acceptable)  
**2100 J LINTON LAKE DRIVE**

Suite, Apt. #, Etc.

City **DELRAY BEACH,** State **FL** Zip Code **33445**

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 **Claudette B.** Date **11/30/05**

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
PRES.	CLAUDETTE V. BROWN	2100 J LINTON LAKE DR	DELRAY BEACH, FL 33445
V/PRES.	STUART BROWN	2100 J LINTON LAKE DR	DELRAY BEACH, FL 33445

400061912054  
 12/05/05--01052--023 \*\*908.75

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: **Stuart Brown** **STUART BROWN** **11/30/05** **561-276-2912**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #