

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED


05 OCT 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/18/05--01071--021 \*\*50.00

800060300608  
10/06/05--01045--002 \*\*1000.00

REINSTATEMENT 0305

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P02000004163 <b>1. Corporation Name</b> Mantle Entertainment & Productions, Inc. <i>WUS0000 46326</i>	
<b>2. Principal Office Address</b> 1034 N.W. 51 Street Suite, Apt. #, etc. N/A City & State Miami, Florida Zip 33127 Country USA	<b>3. Mailing Office Address</b> 1034 N.W. 51 Street Suite, Apt. #, etc. N/A City & State Miami, Florida Zip 33127 Country USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01-14-02	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. FEI Number</b> 043588058	<input checked="" type="checkbox"/> <b>6. CERTIFICATE OF STATUS DESIRED</b>
\$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name <i>John Reese</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>1034 N.W. 51 St.</i>		
Suite, Apt. #, Etc. <i>Miami</i>		
City <i>Miami, FL</i>	State FL	Zip Code 33127

K. Eckel OCT 24 2005

<b>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.</b>	
Signature of Registered Agent <i>[Signature]</i>	Date <i>Sept 6, 2005</i>

REGISTERED AGENT MUST SIGN

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1P	John V. Reese (CEO)	1034 N.W. 51 Street	Miami, Florida 33127
2P	Lemuel Jackson	25780 S.W. 127 Court	Homestead, Florida 33032
V	Thomas Roberts	850 N.W. 213th Lane	Miami, Florida 33169
T	Vincent Walden	1924 N.W. 5th Place	Miami, Florida 33136
s	Alphonso Lampkin	6608 N.W. 3rd Court	Miami, Florida 33136

<b>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.</b>	
SIGNATURE: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>[Signature]</i>
Date <i>Sept 6, 2005</i>	Daytime Phone # <i>(787) 487-4859</i>