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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
05 APR 11 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P02000007929
1. Corporation Name
PILGRIM PRODUCTIONS, INC

2. Principal Office Address
353 PILGRIM ROAD
3. Mailing Office Address
353 PILGRIM ROAD

Suite, Apt. #, etc.

City & State
WEST PALM BEACH

Zip 33405 **Country** US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 01/23/2002
5. FEI Number 90-0002811 **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
PAUL HENRY SNITKIN
Street Address (P.O. Box Number is Not Acceptable)
353 PILGRIM ROAD
Suite, Apt. #, Etc.
City WEST PALM BEACH
State FL **Zip Code** 33405

400052142894
04/26/05--01060--012 **450.00

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 **REGISTERED AGENT MUST SIGN** **Date** 4/7/2005

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	PAUL HENRY SNITKIN	353 PILGRIM ROAD	WEST PALM BEACH, FL 33405

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 **PAUL H SNITKIN** 4/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (01/05)

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C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

April 7, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

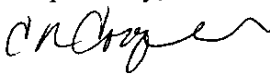
Taxpayer: Pilgrim Productions, Inc
Doc #: P02000007929
FEIN: 90-0002811
Tax Form: ANNUAL REPORT
Tax Period: 2003,2004,2005

To Whom It May Concern:

We have enclosed check # ²⁷¹⁸ in the amount of \$450.00 for the ANNUAL REPORT of the above corporation.

Please abate the penalty as Mr. Snitkin did not receive the original ANNUAL REPORT, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Snitkin is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

Encl.

cc