
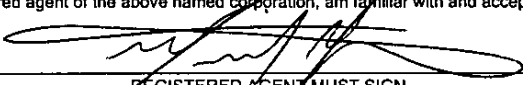
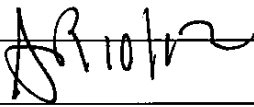
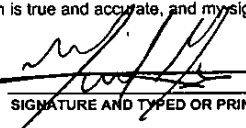


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT 10 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05 700060457967 10/10/05--01079--007 **760.00 CR2E081 (8/05)
DOCUMENT # P02000120151			
1. Corporation Name FiFallow Productions INC			
2. Principal Office Address 3315 N Jefferson St <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address Same <small>Suite, Apt. #, etc.</small>	
City & State Tampa, FL		City & State	
Zip 33603	Country Hillsborough	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 10-2-02	
		5. FEI Number 14-1858310	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name David Gay			
Street Address (P.O. Box Number is Not Acceptable) 3315 N Jefferson St			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33603
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 		Date 10-7-05	
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	David Gay	3315 N Jefferson St	Tampa, FL 33603
Vice	David Gay	3315 N Jefferson St	Tampa, FL 33603
Sec	Same	Same	Same
			
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: 		Date 10-7-05	Daytime Phone # 813-785-7903
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			