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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED						
CORPORATION FLORIDA REINSTATEMENT			DEPARTMENT OF STATE Secretary of State Ision of corporations		O6 FEB 24 PH 2: 04 SECRETARY CF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P0300010661					TALLAHASSEE, FI (∵
Brai	instrm Enterto	MDOO O Ook	1052 18 i		00066886)1/0601008028	**150.00
•	Office Address	3. Mailing Office	ffice Address 03/1		000668861 170601008027	**300.00
2648' A 10W 21 Terrage Suite, Apt. #, etc. Suite, Apt. #, etc.					CR2E081 (12/05)	
City & State	ate City & State				orporated or Qualified siness in Florida 1/29/03 Der Applied For Not Applicable	
331	42 Country	Zip	Country	6. CERTIFICATE		Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent						
	Name Melvin J. Martinez					
	Street Address (P.O. Box Number is Not Acceptable) 931 NW 140 S+ DEBOTATE PARTY 04-0					
	Suite, Apt. #, Etc.					
	City M'iami			State Zip Code FL 33168		
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 214 06 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,D	Melvin J. Martinez		931 NW 140 st		Miami, F1. 33168	
U,9V	Humberto Mena		2301 SW 60ct		Miami, Fl. 33155	
D	Manuel García III		2648 A NW 21 Terrace		Miami, Fl. 33142	
D	Ramon Grakeaux		2648 A Now 21 Terrace		Miami, Fl. 33142	
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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 contained in Chapter 119, 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: Mely Mary President 2/14/06 786-306-9330 SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

272

Florida Department of State Division of Corporations PO BOX 6327 Tallahassee, Fl. 32313

Re: Corporation Reinstatement

Brainstorm Entertainment Group, Inc. EIN: 30-0146326

Year Dissolved: 2004

Corporation #: P03000010661

To Whom It May Concern:

Enclosed herewith please find a fully completed Corporation Reinstatement Form, along with a check made out, in the amount of \$300.00, which includes the Annual Report Fees corresponding to the years of 2005 and 2006, in the amount of \$61.25 per year, as well as the Corporate Supplement Fees corresponding to the years of 2005 and 2006, in the amount of \$88.75 per year, in regards to reinstatement of the above referenced Corporation.

Please be advised that the corporation did not receive the corresponding Annual Report Notice on the year of dissolution, because the corporation's address had changed.

We would greatly appreciate if you search in your files to find out if said annual report was sent to us, otherwise please allow us to have the reinstatement Fee waived and have Brainstorm Entertainment Group, Inc. reinstated.

Thank you in advance for your prompt cooperation in this matter.

Sincerely,

Melvin J-Martinez

President