## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 FEB -8 PM 2: 27 FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P03000076783 1. Corporation Name BATMAN & ROBIN MARKETING GROUP, INC. 1/331 37 Julia Turkan Minmi, Florid. 33157 MEMISTATEMENT 04-06 2. Principal Office Address 3. Mailing Office Address CR2E081 (12/05) 17531 SW 92nd Avenue 17531 SW 92 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 7/14/2003 City & State City & State Applied For 5. FEI Number Miami, FL Miami, FL Not Applicable ...20-0102915 Country Country \$8.75 Additional Fee require CERTIFICATE OF STATUS DESIRED 33157 33157 USA for a Certificate of Status USA 7. Name and Address of Current Registered Agent Frederick K. Duberry Street Address (P.O. Box Number is Not Acceptable) 17531 SW 92nd Avenue Suite, Apt. #, Etc. City Zip Code 33157 Miami FL 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 GENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip 17531 SW 92nd Avenue Miami, Florida Frederick K. Duberry 33157 PSTD 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 filling 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

2/7/06:3-7-11

Date

305-903-7931

Daytime Phone #

WHAN Frederick K. Duberry

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE