PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									FILED 07 FEB 22 PM 3: 43					
DOCUMENT # P04000123041 1. Corporation Name									1	SECRETARY OF STATE TALEAHASSEE, FLORIDA				
BLACK ZODIAC PRODUCTIONS, INC.									700089571707 02/27/0701012010 **450.00					
2. Principal Office Address 1419 Rowan tree On Suite, Apt. #, etc.					3. Mailing Office Address 1419 Rowantnee Dr. Suite, Apl. #, etc.			REINSREATE MENT 4. Date Incorporated or Qualified To Do Business in Floridate Control of the						
City & State Dover, FL					City & State Dover, FL Zio Country			To Do Business in Florida 08/23/6 ¥ 5. FEI Number Applied For Not Applicable						
335	ユフ	Country U.	S. A	1	3352	27	Country	S. A.	6. CERTIFICAT	E OF STATU	JS DESIRED		al Fee required ate of Status	
	7. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC 和2001 中的中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中													
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 9. Names and Street Addressee 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 E Officer and/or Dire			et Address of Eac							
ρ	Maye	lia_	Rot	S	01	1419	Rou	untree	Dr.	Do	ver, Fl		7.7	
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 hames 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR. Date Dayline Phone #														

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA COUNTY OF HILLSBOROUGH)

- 1. Mayelin Robinson is the President of BLACK ZODIAC PRODUCTIONS, INC. a Florida Corporation, (hereinafter "corporation").
- That the Corporation was administratively dissolved by the Florida Department of 2. State on 09/16/2005.
- 3. That the Corporation failed to file its 2005 Annual Report or pay the 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation;
 - 3.2 the written notice was never received by the corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- The Corporation requests the Florida Department of State reinstate the Corporation upon the 4. payment by the Corporation of its 2005, 2006, 2007 Annual Report fees and the filing of its 2007 Annual Report, which are presented simultaneously with this Affidavit
- 5. BLACK ZODIAC PRODUCTIONS, INC satisfies the requirements of the Florida Statutes 607.0401.
- No further ground or grounds exist for the administrative dissolution of the 6. Corporation.

Dated: \bigcirc day of \bigcirc , 2007

FURTHER, AFFIANT SAYETH NOT

BLACK ZODIAC PRODUCTIONS, INC. Mayelin Robinson, President

WORN AND SUBSCRIBED

Printed Name:

Commission Expires:

