

FILED

2011 NOV 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000061555

1. Corporation Name

Playsafe Productions Corp

711000052419

2. Principal Office Address - No P.O. Box #
6380 SE 159th Court

3. Mailing Office Address
6380 SE 159th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 07/20/2009

5. FEI Number
46-0522927

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE ADDRESS FOR INFORMATION
ON A GOVERNOR'S MESSAGE

City & State
Ocklawaha, FL

City & State
Ocklawaha, FL

Zip
32179

Country
United States

Zip
32179

Country
United States

7. Name and Address of Current Registered Agent

Name
Charles E. Rankine

Street Address (P.O. Box Number is Not Acceptable)
6380 SE 159th Court

Suite, Apt. #, Etc.

City
Ocklawaha

State Zip Code
FL 32179

300213189743
11/22/11--01007--010 **150.0

300213189743
10/11/11--01002--002 **758.5

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT 6 2011

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
Officer	Charles E. Rankine	24 Robert Street	Keswick, Ontario L4P1K7

REINSTATEMENT

10. E-mail Address: tedrankine@rogers.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 6 2011 905-989-0664

Date

Daytime Phone #