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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13000003340

1. Corporation Name Arma Production Company, Inc.

99 MAY 24 PM 1:45

STATE OF FLORIDA

Principal Place of Business Mailing Address 584 Northwest 2nd Street Florida City, Florida 33034

REINSTATEMENT 07-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 1-11-93 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P Armando Gallegos, 584 N.W. 2nd Street Florida City, FL 33034, Florida City, FL 33034

8. Name and Address of Current Registered Agent James Riegler 12651 South Dixie Highway Suite 209 Miami Florida 33156 9. Name and Address of New Registered Agent Mark S. Gallegos 520 Blue Lagoon Drive Suite 100 Miami FL 33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 5/20/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No X (See other side for information on intangible tax.)

12. 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: Armando Gallegos Date 3-29-99 305-247-2289