

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003340

1. Corporation Name

ARMA Production Co., INC.

000004161690--5
-05/08/01--01052--012
****300.00 ****300.00

000004161690--5
-05/08/01--01052--011
****600.00 ****600.00

2. Principal Office Address

584 NW 2nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

584 NW 2nd Street

Suite, Apt. #, etc.

City & State

Florida City, Florida

City & State

Florida City, Florida

Zip

33034

Country

USA

Zip

33034

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/1993

5. FEI Number

65-1079463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK S. Gallegos

Street Address (P.O. Box Number is Not Acceptable)

KILPATRICK STOCKTON LLP

Suite, Apt. #, Etc.

200 S. Biscayne Blvd., Suite 2000

City

Miami

State

FL

Zip Code

33131

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

Date

4/10/2001

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	ARMANDO Gallegos	584 NW 2 nd Street	Florida City, FL 33034

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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 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:

JOSE ARMANDO GALLEGOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

Daytime Phone #

CR2E081 (9/00)