

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 26 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018324

1. Corporation Name

Kiteman Productions, Inc.

2. Principal Office Address
1218 Florida Street

3. Mailing Office Address
1218 Florida Street

Suite, Apt. #, etc.
Suite 140

Suite, Apt. #, etc.
Suite 140

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip Country
34741 USA

Zip Country
34741 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/08/1993

5. FEI Number
593168316

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bruce Flora

Street Address (P.O. Box Number is Not Acceptable)
5200 Ridgeway Drive

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32819

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

Date February 26, 2004

REGISTERED AGENT MUST SIGN

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
Pres	Bruce Flora	5200 Ridgeway Drive	Orlando, FL 32819

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/0404

Date

407-943-8480

Daytime Phone #

CR2E081 (01/04)



Kiteman Productions, Inc.

February 26, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Kiteman Productions Inc. Document# P93000018324

To Whom It May Concern:

It has just come to my attention that our corporation was dissolved 10/04/2002 because you did not receive our annual report with payment. I can assure you that we did not receive our statement from you requesting our report and payment this year. I apologize for not noticing this but I no longer receive these reports personally.

I attempted to resolve this in 2002 and thought this matter had been taken care of. My small company has been in a severe struggle to stay alive since September 11, 2001 and have now been awarded a two year contract by Sea World Orlando. Our contract and the jobs of 30 people is now pending reinstatement of my company. I can assure you that this situation will not occur again.

Thank you for your consideration in resolving this situation.

Sincerely,

Bruce W. Flora
President
Kiteman Productions, Inc.