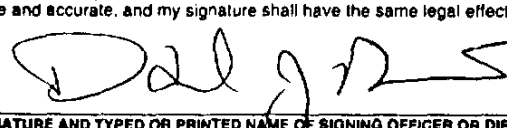


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94-24580			
1. Corporation Name Robot Productions, Inc.			
Principal Place of Business 210 Carter St. Winter Garden, FL		Mailing Address P.O. Box 22623 Lake Buena Vista, FL 32830	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 613 Triumph Ct. Suite, Apt. #, etc. #12 City & State Orlando, FL Zip 32805		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida March 1994		5. FEI Number 59-3053705	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Daniel Deutsch	8555 White Rose Drive	Orlando, FL 32818
			400002546484-9
			06/03/98-01091-002
			****900.00 ****900.00
REINSTATEMENT 97-98			
B 5/27			
8. Name and Address of Current Registered Agent Daniel Deutsch 8555 White Rose Dr. Orlando, FL 32818		9. Name and Address of New Registered Agent Name Marc P. Ossinsky, P.A. Street Address (P.O. Box Number is Not Acceptable) 210 N. Wymore Rd. Suite, Apt. #, Etc. City Winter Park State FL Zip Code 32789	
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 5/22/98			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/22/98 Daytime Phone # 407-244-1947			