PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED P95000070037 **DOCUMENT #** 96 DEC 30 AM 8: 03 1. Corporation Name Q-UP PRODUCTIONS, INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1630 RIVEREDGE RD 1630 RIVEREDGE RD OVIEDO FL 32765 OVIEDO FL 32765 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 Date Incorporated or Qualified To Do Business in Florida 09/06/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3340216 City & State Not Applicable Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip D QUARLES, RAYNARD 1630 RIVEREDGE RD OVIEDO FL 32765 000002051630--01/08/97--01131--017 ****383.75 ****383.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent QUARLES, RAYNARD Street Address (P.O. Box Number is Not Acceptable) 1630 RIVEREDGE RD OVIEDO FL 32765 Suite, Apt. #, Etc. Zip Code 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 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No Yes l 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 filling 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: RAYLING CHARLES CAN BIONATURE AND TYPED OR PRINTED NAME OF SIGNIN