

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 OCT 31 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000078266**

1. Corporation Name
DEVELOPMENT & PRODUCTION SERVICES, INC.

Principal Place of Business 104 CRANDON BLVD. SUITE 406 KEY BISCAIYNE FL 33149	Mailing Address 104 CRANDON BLVD. SUITE 406 KEY BISCAIYNE FL 33149
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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 10/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0612353	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
<i>PRD</i>	<i>IRON, DANIELLE</i>	<i>104 CRANDON BLVD. SUITE 406</i>	<i>KEY BISCAIYNE FL 33149</i>
<i>P</i>	<i>VALERIUS HERMAN</i>	<i>104 CRANDON BLVD STE 406</i>	<i>KEY BISCAIYNE FL 33149</i>
			300001998733--5 -11/07/96--01029--006 *****375.00 *****375.00
REINSTATEMENT <i>filed 10/24/96</i>			

8. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name: ELLIOTT J. GELFAND Street Address (P.O. Box Number is Not Acceptable): 7900 S. DADELAND BLVD Suite, Apt. #, Etc.: STE 100 City: MIAMI State: FL Zip Code: 33156	
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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: *[Signature]* **SIGNATURE REQUIRED** Date: **10/24/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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]* **SIGNATURE REQUIRED** Date: **10/24/96** Daytime Phone #: **305-361-5460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HERMAN VALERIUS PRESIDENT**