

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~



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

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96 DEC 30 AM 10:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

DOCUMENT # P95000082761

1. Corporation Name  
 MARK LEVIN PRODUCTIONS, INC.

Principal Place of Business  
 2030 S OCEAN BLVD #2201  
 HALLANDALE FL 33009

Mailing Address  
 2030 S OCEAN BLVD #2201  
 HALLANDALE FL 33009  
 P.O. Box 2784  
 Hallandale, 33008

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



filed as A/R  
 reinstatement fee waived  
 MLWB  
 12/1/97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/25/1995
City & State	City & State	5. FE Number
Zip	Country	Applied For
		Not Applicable
		6. 65-0017836
		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
owner director	MARK LEVIN	2030 So. Ocean Dr. #2201	HALLANDALE, FL, 33009

900002045933--3  
 -01/03/97--01176--003  
 \*\*\*\*200.00 \*\*\*\*200.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEVIN, MARK 2030 S OCEAN BLVD #2201 HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 Mark Levin Date oct 8, 1996

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: Mark Levin 10/8/96 (934) 454-283

CR2E040 (7/96)

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MARK LEVIN PRODUCTIONS, INC.

October 10, 1996

Department of State  
Tallahassee, Florida 32314

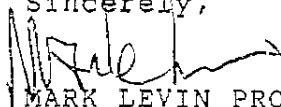
To Whom It May Concern;

Per my conversation with one of your representatives, I related that I never recieved ANY notice of payments due ect. in May, of 1996, or any other time.

I am enclosing a check in the amount of \$200.00(two hundred dollars) per your request.

Thank you for your co-operation.

Sincerely,



MARK LEVIN PRODUCTIONS