


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000092011</b>			
1. Corporation Name <b>Production Resources, Inc.</b>			
2. Principal Office Address <b>13687 SW 26 ST</b>		3. Mailing Office Address <b>13687 SW 26 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33175</b>	Country <b>USA</b>	Zip <b>33175</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>12/04/95</b>		REINSTATEMENT <b>02-05</b>	
5. FEI Number <b>650660349</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>CARLOS GUTIERREZ</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>13687 SW 26 ST</b>			
Suite, Apt. #, Etc.			
City <b>Miami</b>		State <b>FL</b>	Zip Code <b>33175</b>
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 <b>Carlos Gutierrez</b>		Date <b>01/04/06</b>	
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
<b>P</b>	<b>JOSE A. CLAVIJO</b>	<b>13687 SW 26 ST</b>	<b>Miami FL 33175</b>
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: <b>Jose A. Clavijo</b>		Date <b>01/04/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED  
06 JAN -5 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Non

CR2001 (01/05)

600053922705  
01/18/06--01079--005 \*\*600.00

P95-92011 115/06

**PRODUCTION RESOURCES, INC.**  
**13687 SW 26 STREET**  
**MIAMI, FLORIDA 33175**

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January 3<sup>rd</sup>, 2006

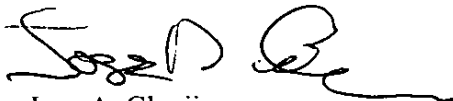
Division of Corporation  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1<sup>st</sup>, 2002 and neither the Note of Dissolution, because on the first months of year 2002 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also we move our office to a new address and the Post Office never did the delivery of the form, and by the same reason the Annual Report for the following years 2003, 2004 and 2005 were not received. I will appreciate very much if you accept our check in the amount of \$ 600.00 as payment of the Corporation Uniform Business Report for year 2002, 2003, 2004 and 2005.

I thank you for your cooperation to resolve this matter.

Sincerely your:



Jose A. Clavijo  
President