PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 19 AM 9:50

CORPORATION REINSTATEMENT 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600076338496
06/19/06--01002--022 **280.00

DOCUMENT # P95000092011

1. Corporation Name: PRODUCTION RESOURCES, INC.

2. Principal Office Address	3. Mailing Office Address
13687 SW 26 ST	13687 SW 26 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33175 Country: USA	Zip: 33175 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/04/95

5. FEI Number: 650660349 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARLOS GUTIERREZ.

Street Address (P.O. Box Number is Not Acceptable): 13687 SW 26 ST

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33175

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: CARLOS GUTIERREZ. Date: 01/04/06
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P	JOSE A. CLAVIJO	13687 SW 26 ST	MIAMI FL 33175
			6/19/06

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: Jose A. C. 01/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #