


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000043974		FILED 99 NOV -4 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name QUADRIGA PRODUCTIONS, INC.			
Principal Place of Business 7021 MUNICIPAL DRIVE ORLANDO FL 32819 US			
Mailing Address 7021 MUNICIPAL DRIVE ORLANDO FL 32819 US		 REINSTATEMENT 99	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/15/1996 SP	
		5. FEI Number 69-3386177 Applied For Not Applicable	
		6. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JIM BEVAN	2350 WHISPER MAPLE DR.	ORLANDO FL
V	M. PATRICK EVENSON	6703 BANNER LAKE CIR., #10105	ORLANDO FL
V	THOMAS D. PICKFORD	6030 OAK BENT ST., #9302	ORLANDO FL
			600003046456--8 -11/16/99--01103--009 *****750.00 *****750.00
8. Name and Address of Current Registered Agent STAMP, MARTIN F 940 HIGHLAND AVE. ORLANDO FL 32803		9. Name and Address of New Registered Agent Name THOMAS D. PICKFORD, V.P. Street Address (P.O. Box Number is Not Acceptable) 7021 MUNICIPAL DRIVE Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32819	
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] REGISTERED AGENT MUST SIGN Date 10.20.99			
11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11.2.99 Daytime Phone # 4073706980	