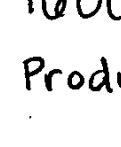
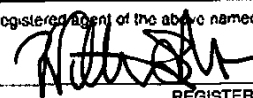
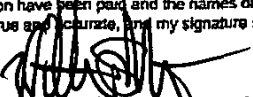


FROM : LEETAUBEWALLACE

FAX NO. : 5614784090

Oct. 23 2000 03:58PM P3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT 25 PM 4:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000053746					
1. Corporation Name Network Productions Group					
2. Principal Office Address 1818 Australian Ave.		3. Mailing Office Address - Same -			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State			
Zip 33409	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 1996	
5. FEI Number 65-0651413				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name William Rae		800003447838 -- 0 -11/01/00--01105--013 *****750.00 *****50.00			
Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave.		800003447838 -- 0 -11/01/00--01105--014 *****150.00 *****50.00			
Suite, Apt. #, Etc. ste. 400					
City West Palm Beach		State FL		Zip Code 33409	
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 				Date 10/23/2000	
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		
Pres	William Rae	430 NE 25th Terrace	Boca Raton, FL 33431		
CEO					
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: 				Date 10/23/2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 323 251-3200	