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	3. Mailing Office Address
1818 Australian Ave.	-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 Raee

Street Address (P.O. Box Number is Not Acceptable): 1818 Australian Ave.

Suite, Apt. #, Etc.: ste. 400

City: West Palm Beach State: FL Zip Code: 33409

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-11/01/00--01105-013
****750.00 ****750.00

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****150.00 ****150.00

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/CEO	William Raee	430 NE 25th Terrace	Boca Raton, FL 33431

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******8.75 ******8.75

REINSTATEMENT 99-00

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: _____ 10/23/2000 323 251-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #