

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

**APPLICATION
 FOR
 REINSTATEMENT**

FILED
 00 JUL -3 AM 8:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P96000079123
 1. Corporation Name
OSCAR-PONTE PRODUCTIONS (O.P.P.), INC.

Principal Place of Business Mailing Address
 7500 NW 25TH ST STE 202 7500 NW 25TH ST STE 202
 MIAMI FL 33122 MIAMI FL 33122



REINSTATEMENT *09-10*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/24/1996**
 5. FEI Number **65-0633479** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DEORNELLAS, OSVALDO P	7500 NW 25TH ST STE 202	MIAMI FL 33122
VP	PONTE, OSWALDO	7500 N.W. 25TH ST, SUITE 202	MIAMI FL 33122

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8. Name and Address of Current Registered Agent
DEORNELLAS, OSVALDO P
 7500 NW 25TH ST STE 202
 MIAMI FL 33122

9. Name and Address of New Registered Agent
 Name: **Aragoza Comas de Torres & Fernandez Fraga, P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **2100 Salzedo St.**
 Suite, Apt. #, Etc.: **300**
 City: **Coral Gables** State: **FL** Zip Code: **33134**

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 REQUIRED** Date: **5/4/2000**
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date: **5/4/2000** Daytime Phone #: **305-594-0081**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

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