

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 10 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P96000090868  
1. Corporation Name  
RDK STUDIOS INC.

2. Principal Office Address 2716 VAN DIVER DR.		3. Mailing Office Address 2716 VAN DIVER DR.	
Suite, Apt. #, etc. APT. #53		Suite, Apt. #, etc. APT. #53	
City & State W.P.B., FL.		City & State W.P.B., FL.	
Zip 33409	Country U.S.A.	Zip 33409	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 1997	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number 65-0706466	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name SHAWN D. DEVANEY	
Street Address (P.O. Box Number is Not Acceptable) 2716 VAN DIVER DR.	
Suite, Apt. #, Etc. APT. #53	
City WEST PALM BEACH	State FL
Zip Code 33409	

40000553860-2  
-05/23/02--01004-017  
\*\*\*\*458.75 \*\*\*\*58.75

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 Shawn D. Devaney Date MAY 2, 2002  
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
P.	SHAWN D. DEVANEY	2716 VAN DIVER DR. #53	W.P.B., FL. 33409

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: Shawn D. Devaney Date MAY 2, 2002 Daytime Phone # 561-835-9863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02