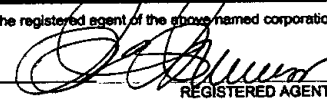
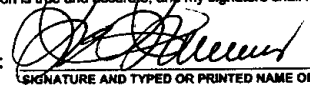


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P97000044310</b>			
1. Corporation Name <b>PROFESSIONAL THEATRICAL TECHNICIANS, INC.</b>			
2. Principal Office Address <b>7120 NW 44 CT LAUDERHILL, FL 33319</b>		3. Mailing Office Address <b>7120 NW 44 CT LAUDERHILL, FL 33319</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <b>5/23/97</b>	
		5. FEI Number <b>65-0742631</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		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 <b>MARIA MUNRO</b>		500004596825--7 -09/18/01--01036--017 ****300.00 ****300.00	
Street Address (P.O. Box Number is Not Acceptable) <b>7120 NW 44 CT</b>			
Suite, Apt. #, Etc.			
City <b>LAUDERHILL</b>		State <b>FL</b>	Zip Code <b>33319</b>
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 <b>9-4-01</b>	
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	MARIA MUNRO	7120 NW 44 CT	LAUDERHILL, FL 33319
V	MAX MUNRO	7120 NW 44 CT	LAUDERHILL, FL 33319
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)(f), 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: 		9/4/01 (954) 572-0381	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

01 SEP -7 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2501 (9/00)

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**PTT**  
PROFESSIONAL THEATRICAL TECHNICIANS, INC.

September 4, 2001

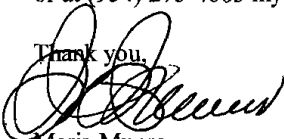
Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

Recently I learned that the corporate status of Professional Theatrical Technicians, Inc. is inactive. After carefull research I have found check #4119 and a copy of annual report filed for 2000. The check is still outstanding. Your office has instructed me to submitt a reinstatement form along with a check in the amount of \$300.00 to make our status current.

Please advise as to the steps to follow. I can be reached at (954) 572-0381 office number or at (954) 275-4685 my personal cellular number.

Thank you,



Maria Munro  
President