

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 15 PM 6:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000046470*

1. Corporation Name

*GOLD TEAM PRODUCTIONS, INC.*

2. Principal Office Address

*10032 NW 52 TERRACE*

3. Mailing Office Address

*10032 NW 52 TERRACE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI, FLORIDA*

City & State

*MIAMI, FLORIDA*

Zip

*33178*

Country

*USA*

Zip

*33178*

Country

*USA*

4. Date Incorporated or Qualified To Do Business in Florida

*5/27/97*

5. FEI Number

*65-0770719*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*LUIS A DONADIO*

*000004700000--5*

Street Address (P.O. Box Number is Not Acceptable)

*10032 NW 52 TERRACE*

*11/30/01-01039-006*

*\*\*\*308.75 \*\*\*308.75*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33178*

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

REGISTERED AGENT MUST SIGN

Date *11/9/01*

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
<i>P</i>	<i>LUIS A. DONADIO</i>	<i>10032 NW 52 TERRACE</i>	<i>MIAMI, FL 33178</i>

*00-01482 18*

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)(a), 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 AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Luis A. Donadio*

Date

*11/9/01*

Daytime Phone #

*(305) 632-9614*

12016-1303-005

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**GOLD TEAM PRODUCTIONS, INC  
C/O LUIS A. DONADIO  
10032 NW 52 TERRACE  
MIAMI, FL 33178**

November 9, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of Corporation  
Document Number – P97000046470**

Dear Sir/Madam,

Enclosed please find our corporation reinstatement form accompanied by a check for \$308.75 which constitutes \$150 for each year (2000 & 2001) and \$8.75 for a desired certificate of status.

Please be advised that we never received the 2000 annual corporate return and consequently never filed for 2000 and of course, subsequently for 2001. Only through the inquiries of our CPA and through researching our status did we find out we were inactive.

Please accept this filing and payment due to the aforementioned explanation and abate the penalty fee for reinstatement.

Our CPA has also informed us and we hereby acknowledge that we are now responsible for filing the annual corporation report to the State of Florida each year regardless if we receive the form or not and should you extend consideration to abate this reinstatement penalty it would be for this time only.

We thank you in advance for any consideration you may extend and cooperation.

Sincerely,

Luis A. Donadio, President

