<i>5</i>		STRUCTIONS BEFORE COMP	PLETING THIS FORM. PS/ 2	
	RPORATION ISTATEMENT	DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 SEP 18 AM 8: 27	
i .	UMENT# P9700005168 ation Name tinum Production 6	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite, Apt. #	E. Hillsboro Blud 1000 E w, etc. te 105 Suite, Apt. City & State Country Zip	te 105 field Beach FL Country 6	2006 - 01 USR te Incorporated or Qualified Do Business in Florida 06 97 Number Applied For Not Applicable TIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
	7. Name and Address of Current Registered Agent Name Scott, Doug Street Address (P.O. Box Number is Not Acceptable) 1000 East Hillsboro Boulevard 20004510072-003 Suite, Apr. #, Etc. Suite 105 City Deerfield Beach State Zip Code 33441			
Signature of Registered	8. I, being appointed the fogistered 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			
9. Names Titles	and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors	Fiorida nonprofit corporations must list at least 3 directs Street Address of Each Officer and/or Director	City / State / Zip	
D	Scott, Doug	1000 Fast Hillsboro Blue	5	
D	Burton, Walter	1000 East Hillsboro Blud.	. Deerfield Beach, FL 33441	
			MM	

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 filling 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 name 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 accepted, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

9-12-01

Pgdeld

September 14, 2001

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

To Whom it May Concern,

Enclosed is our Application for Reinstatement. Please note that we have moved to a new location and never received any prior correspondence regarding this matter. We would like to have the Reinstatement fee adjusted accordingly.

Our new location is:

Platinum Production Group, Inc. 1000 East Hillsboro Boulevard, Suite 105 Deerfield Beach, FL 33441

We are enclosing our Application for Reinstatement along with a check for \$308.75. Please let us know the status of our payment and if there is any other information needed. We can be reached at 954-570-5558.

Sincerely,

Doug Scott Director