APPLICATION FOR RÉINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	1PLETING THIS FOR	RM.	
DOCUMENT # P9700  1. Corporation Name  BE REEL PRODUCTIONS, INC.	99 118	RII AHII:00			
Principal Place of Business		TALLA	HIVSPER LEGINA		
20731 NW 4TH PLACE SUITE 104 MIAMI FL 33179	Mailing Address  20731 NW 4TH PLACE SUITE 104  MIAMI FL 33179				
If above addresses are incorrect in any way line t  2. New Principal Office Address, If Applicable	3 New Mailing Office Address If	Applicable 4. 0	EINSTATEME Date Incorporated or Qualified To Qo Business in Florida	07/03/1997	
Suite, Api, #, etc.  50/3 S.W. 130th Terrace  City & State  Miramar, Florida  Zio  Zio  Zio  Zio  Zio  Zio  Zio  Zi	Suite, Apt. #, etc.  5013 S.W. 1304  City & State  Miramar Florid  Zip  33027  Brok	<u> </u>	E I Numbor 5-0761936  CERTIFICATE OF STATUS DESIRED	Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corpora	ations must list at least 3 di	irectors)		
Tritle(s) Name of Officers and/or Directors	Of	eet Address of Each ficer and/or Director e Post Office Box Numbers	City 4	// State / Zip	
Pres. Rufus Chrr Tres Jeffrey Wal	u . U	1.130th Ten .University oy		L 33027 dale, FL 33328	
			20000281 -03/18/99 ****750,f 20000281	.12223 01099005 9 <del>0 ****</del> 750.00	
			****150.0		
8. Name and Address of Curren WALKER, JEFFREY 2948 S UNIVERSITY DRIVE FT LAUDERDALE FL 33328	Name Rufus	Jame and Address of New Registe  Surry  No Number is Not Acceptable  W. 13016 Terrace			
10. I, being appointed the registered agent of the at Signature of Registered Agent	ove named corporation, am familiar will alked. REGISTERED AGENT MUST SIGN	th and accept the obligatio	<u>~</u>   F	Zip Code   3302.7	
11. This corporation owes or h Intangible Personal Prope		ar Yes 🔲 No		r side for information intangible tax.)	
12. I certify that I am an officer or director or the recording this reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my second	siver or trustee empowered to execute solution has been eliminated, the corpor names of individuals listed on this for	this application as provided trate name satisfies the req m do not qualify for an exe	d for in chapter 607 or 617, F.S. I fur quirements of section 607.0401 or 61	17.0401, F.S., that all fees	

SIGNATURE:

January 27,1999 (55) 344-2300