

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ppc/otz

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P97000079042*

FILED
05 DEC 20 PM 1:00
SECT. TALLA

1. Corporation Name
*THE PRODUCTION
TEAM, INC.*

2. Principal Office Address
2849 CORAL WAY
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

CR2E081 (8/05)

City & State
Miami FL

4. Date Incorporated or Qualified To Do Business in Florida
09/12/97

5. FEI Number
650804129

Zip
33145
Country
USA

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Yossie Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
2849 CORAL WAY
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33145

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
[Signature]
Date
12/19/05
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
<i>P</i>	<i>Yossie Rodriguez</i>	<i>2849 Coral Way</i>	<i>Miami FL 33145</i>

12/30/05--01059--007 **\$500.00

REINSTATEMENT *02-05*
B 12/20/05

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

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THE PRODUCTION TEAM, INC
2849 CORAL WAY
MIAMI, FLORIDA 33145

December 19, 2005

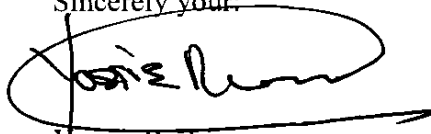
Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 2002, 2003, 2004 and 2005 and neither the Note of Dissolution, because we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also as you can see, we change our address since 2002. We will appreciate very much if you accept our check in the amount of \$ 600.00 as payment of the Corporation Uniform Business Report for the four years missing.

We thank you for your cooperation to resolve this matter.

Sincerely your:



Yossie Rodriguez
President