

2007 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P97000079042

1. Entity Name
THE PRODUCTION TEAM, INC.

07 APR 13 AM 11:36

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2849 CORAL WAY MIAMI, FL 33145	Mailing Address 2849 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box # 409 CATALONIA AVE	3. Mailing Address 409 CATALONIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122007 REIN-P CR2E098 (1/07)

City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134	Country US

4. FEI Number 65-0804129	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, YOSSIE
2849 CORAL WAY
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name: **LAZARO M. GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable):
409 CATALONIA AVE

City: **CORAL GABLES FL** Zip Code: **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 04/12/07
Signature, typed or printed name of registered agent and title if 2007-02-02 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME RODRIGUEZ, YOSSIE	
STREET ADDRESS 2849 CORAL WAY	
CITY-ST-ZIP MIAMI, FL 33145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAZARO M. GONZALEZ	
STREET ADDRESS 409 CATALONIA AVE	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 06-07

500098566475
04/26/07--01007--015 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 04/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #