


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082563

1. Corporation Name  
PR PRODUCTIONS INTERNATIONAL, INC

REINSTATEMENT 03-01

2. Principal Office Address  
315 ST GEORGE ST

3. Mailing Office Address

Suite, Apt. #, etc.

600034179166  
04/27/04--01083--018 \*\*300.00

City & State  
ST AUGUSTINE FL

City & State

Zip Country  
32084 US

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9-22-97

5. FEI Number 65-0786599 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 PAMELA HEYDET

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

Suite, Apt. #, Etc.

City ST AUGUSTINE FL State FL Zip Code 32084

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 04-14-04

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
<u>P, D</u>	<u>PAMELA HEYDET</u>	<u>315 ST GEORGE ST</u>	<u>ST AUGUSTINE, FL 32084</u>

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)(i), 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] Date 04-14-04 (954) Daytime Phone # 415-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2004

DOCUMENT # P97000082563

1. Entity Name  
P R PRODUCTIONS INTERNATIONAL INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
315 ST GEORGE ST  
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State  
ST AUGUSTINE FL  
315084

City & State  
City  
Country

4. FEI Number  
65-0786599

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
PAMELA HEYDET  
Street address (P.O. Box Number is Not Applicable)  
315 ST GEORGE ST  
City  
ST AUGUSTINE FL Zip Code  
32084

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.

SIGNATURE *Pamela Heydet*  
Signature, print or printed name of registered agent and this in all caps

*04-14-04*  
Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$130.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>P D PAMELA HEYDET 315 ST GEORGE ST ST AUGUSTINE FL 32084</i>
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or on an attachment with an address, with a title like empowered.

SIGNATURE: *Pamela Heydet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-14-04* (954)  
Date Original Filing # 415-9220

CR2ED34E (12/01)

APRIL 9,2004

FLORIDA DEPARTMENT OF STATE

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORMS FOR P R PRODUCTIONS INTERNATIONAL INC. THE ORIGINAL FORMS WERE NEVER RECEIVED IN JANUARY, 2003. WE ARE SUBMITTING THE REINSTATEMENT FORM AS WELL AS THE FORM FOR 2004. AS YOU CAN SEE THE ADDRESS HAS CHANGED AND THE REPORTS WERE NOT RECEIVED.

WE HAVE ENCLOSED A CHECK FOR \$ 300.00 FOR THE YEAR 2003 AND 2004. KINDLY ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES, DUE TO THE FACT THAT THE ANNUAL REPORTS WERE NEVER RECEIVED

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

*Pamela Heydet - President*  
*P R Productions International Inc*