PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 APR 22 PH 12: 4 1 SECHETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # P9700 1. Corporation Name PRODUCTIONS	008VS63 INTERNATIONAL, INC				
, , , , , , , , , , , , , , , , , , , ,	, 10 , 21 000 - 20 , 10 , 10 , 10	REMOTATEMENT 03-04			
2. Principal Office Address 3/5/5/7/6/EORGE ST Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	600034179166 04/27/0401083018 **300.00			
-		-4. Date Incorporated or Qualified 9-VV-97			
STAVGUSTINE FL	City & State	5. FEI Number Applied For Not Applicable			
210 3 VOS 4 Country US	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Name /) A A	7. Name and Address of Current Regist	ered Agent			
Street Address (P.O. Box Number is N	TEY DET				
3 1 5 5 6 60/2 Suite, Apt. #, Etc.					
CHYST AUGUSTI	1 F1	State Zip Code 784			
	ove named corporation, am familiar with and accept the				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at	least 3 directors)			
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors		tor City / State / Zip			
PID PAMELA HEYDET 315 STEEDREE ST STAVENSTINE, FLOWER					
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: X X X X X X X X X X X X X X X X X X X					

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2004

DOCUMENT # P9700	2082563			
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2 Process Section States 2 1 Section 2 1 S	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
STAUSUSTINE PL	City & State		4. SEI SLIMBER 1865 99	Applied For Not Applicable
32084 Cours 5	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
		N-43A-	7. Name and Address of Current Registered	Agent
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IN THIS S		315	ST GEDRGE ST	
1 17 17112 4	IFMUL		A	Data Carda Call
		<u> </u>	FL FUSTIAL FL	32084
8. The above named entity submits this statemen	nufor the purpose of changing it	is registered office or regist	ared agent, or both, in the State or Florida.	
SIGNATURE X YOUNG	Heydet	ITC. Escaptional Agent signature requie	× 04-	14-04
This corporation is eligible to satisfy its lotang	January 1	May 1 Fee is \$180.00		
Tax filing requirement and elects to do so.	Amend	y 1, Fee is \$550,00 ed UBR is \$01,28	10. Election Competign Financing Trust Fund Contribution	\$5.80 May Be Added to Fees
***************************************	Make Check Pay	sbis to Department of St	ate	
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UTY-ST-ZIP		C.TV ST ZEE		
NAME		\$4.5		
STREET ADDRESS OTY-ST-UP		SINSI N20855 SIICAT-DI		
13. Thereby certify that the information supplied	with this filing does not qualify	for the exemption stated in 1	Section 119.07(3)(). Florida Statutes. I further cer same legal effect as if made under path; that is son. Statutes, and that my happe species.	tify that the information on an officer or director
indicated on this report or supplemental rep of the corporation of the receiver of frustee attachment with an address, with a patient to	entrowered in execute the re-	port as required by Chapter	607, Florida Statutes: and that my name appears	(954)
. \)	mile House	A at	x M-14-M	415-9220
SIGNATURE: 2 3	ON PHREED HAME OF SIGNING GENE	EE OR DIRECTOR	Data Control of the C	ayorter Piterrick F

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,

Pamele Heydet - President PR Productions International Inc