


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084296

1. Corporation Name
JOFF-ART PRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business: 5760-B Coach House Circle, Boca Raton, FL 33486

Mailing Address: 5760-B Coach House Circle, Boca Raton, FL 33486

REINSTATEMENT

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aw

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable
c/o Hunt Cook Riggs Mehr & Miller, PA
Suite, Apt. #, etc. Suite 401
2200 Corporate Blvd. N.W.
City & State Boca Raton, Florida
Zip 33431 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/29/1997

5. FEI Number: 65-0788980

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	SCHINMAN, HAROLD E.	5760-B Coach House Circle	Boca Raton, FL 33486

600002720938--8
-12/23/98--01062--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Gregory Miller* REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Harold E. Schinman* 12/12/98 (561) 417-7696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HAROLD E. SCHINMAN Date: 12/12/98 Daytime Phone #: (561) 417-7696

CR22040 (1/98)