

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> H. Wayne Harris Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 15 AM 8:00																									
<b>DOCUMENT #</b> P970000102920																													
<b>1. Corporation Name</b> Voyager Entertainment Inc.																													
<b>2. Principal Office Address</b> 2545 E. Sunrise Blvd Suite, Apt. #, etc. #224 City & State Ft. Lauderdale, FL Zip 33304 Country USA			<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country																										
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1998			<b>5. FEI Number</b> 65-0799177 Applied For Not Applicable																										
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
<b>7. Name and Address of Current Registered Agent</b> Name Frank S. Hershman Street Address (P.O. Box Number is Not Acceptable) 2545 E. Sunrise Blvd Suite, Apt. #, Etc. #224 City Ft. Lauderdale, FL State FL Zip Code 33304																													
<b>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.</b> Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 9/13/01																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres CEO</td> <td>Frank S. Hershman</td> <td>2545 E. Sunrise Blvd #224</td> <td>Ft. Lauderdale, FL 33304</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres CEO	Frank S. Hershman	2545 E. Sunrise Blvd #224	Ft. Lauderdale, FL 33304																
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<b>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 in 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.</b> SIGNATURE [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/13/01 Daytime Phone # 954-463-3958																													

CR2E081 (9/00)