

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:51

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000097275*

1. Corporation Name
DRAMACIDE PRODUCTIONS INC.

2. Principal Office Address
1011 N.W. 207th ST.

Suite, Apt. #, etc.
MIAMI, FLA. N/A.

City & State
MIAMI, FLA.

Zip
33169

Country
DADE

3. Mailing Office Address
1011 N.W. 207th ST.

Suite, Apt. #, etc.
N/A

City & State
MIAMI, FLA.

Zip
33169

Country
DADE

REINSTATEMENT *PA-00*

4. Date Incorporated or Qualified
To Do Business in Florida *NOVEMBER 19, 1998*

5. FEI Number 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
CRAIG MICHAEL BREWER

Street Address (P.O. Box Number is Not Acceptable)
1010 N.W. 197th TERR.

Suite, Apt. #, Etc.
N.A.

City
MIAMI

100003230481-7
-05/01/00--01014--022
****908.75--***908.75*

State
FL

Zip Code
33169

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
Craig M. Brewer
REGISTERED AGENT MUST SIGN

Date *4/16/2000*

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
<i>D</i>	<i>CRAIG M. BREWER</i>	<i>1010 N.W. 197th TERR.</i>	<i>MIAMI, FLA. 33169</i>

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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Craig M. Brewer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000 (305) 652-9444
Date Daytime Phone #

CR2E081 (9/99)

KE