

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

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

D

CRAIG M. BREWER

1010 N.W. 197th TERR.

MIAMI, FLA. 33169

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)