

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

<b>CORPORATION REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE	
	Jim Smith	
	Secretary of State	
	DIVISION OF CORPORATIONS	

**FILED**

04 AUG 30 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 099000004850

1. Corporation Name

**Twin Tower Productions, Inc.**

2. Principal Office Address		3. Mailing Office Address	
3920 S. Roosevelt Blvd., Suite 213 E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Key West, FL			
Zip	Country	Zip	Country
33040	USA		

500035786015  
09/01/04--01046--010 \*\*200.00

05-07-04 01090 013 \$708.75

4. Date Incorporated or Qualified To Do Business in Florida		1/22/1999
5. FEI Number	Applied For	
65-0889122	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name	
Mary Beth Meyers CPA	
Street Address (P.O. Box Number is Not Acceptable)	
3201 Flagler Avenue	
Suite, Apt. #, Etc.	
Suite 506	
City	State Zip Code
Key West	FL 33040

**REINSTATEMENT 03-04**

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	<i>Mary Beth Meyers</i>	Date	4/29/2004
REGISTERED AGENT MUST SIGN			

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 / Street / Zip
PST	Frank C. Everhart	3920 S. Roosevelt Blvd., Suite 213 E	Key West FL 33040

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:	<i>[Signature]</i>	4/29/2004	(305) 295-6472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #