

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



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

FILED
 02 JAN 25 PM 4:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000020765
 1. Corporation Name
Miami Film Boys, Corp.

100004880131--9
 -02/05/02--01040--014
 ****450.00 ****450.00

2. Principal Office Address 15820 NW44CT
 Suite, Apt. #, etc.

3. Mailing Office Address 15820 NW44CT
 Suite, Apt. #, etc.

City & State Miami, FL 33054
 Zip 33054 Country U.S.A.

City & State Miami, Florida
 Zip 33054 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/1999

5. FEI Number 650901107
 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 German Duarte

Street Address (P.O. Box Number is Not Acceptable) 15820 NW44court

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33054

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 [Signature] Date 01/22/02
 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 / State / Zip
President	German Duarte	15820 NW44CT	Miami, FL, 33054
VP/Tr.	Justo Duarte	15820 NW44CT	Miami, FL 33054
Sec	Adonis Mendoza	80 West 64 Terrace	Hialeah, FL 33012

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)(l), 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: [Signature] German Duarte Date 01/22/02 Daytime Phone # -786-251-5412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)