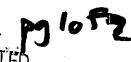
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPOR TION		FLO
CORPORATION REINSTATEMENT	ALC	へ
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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Socretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PARIOUS 1785

1. Corporation Name

M.C. PRODUCTIONS, INC.

USA

02 MAY 22 AM 8: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

300005694113---8 -06/06/02--01007--020

****300.00 ****300.00

2. Principal Office Address		3. Mailing Office Ad	3. Mailing Office Address		
3006 AVIATION AVENUE		3006 AVIAT	3006 AVIATION AVENUE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
SUITE 4B		SUITE 4B	SUITE 4B		
City & State		City & State	City & State		
COCONUT GROVE, FL		COCONUT GR	COCONUT GROVE, FL		
Zip	Country	Zip	Country		

33133

4. Date Incorporated or Qualified To Do Business in Florida

4/09/02

5. FEI Number 650921565

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent				
Name .				
JEROME S. RETSMAN				
Street Address (P.O. Box Number is Not Acceptable)				
3006 AVIATION AVENUE				
Suite, Apt. #, Etc.				
SULTE 4B				
City	State	Zip Code		
COCONUT GROVE, FL	FL	33133		

USA

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 / S.

Signature of Registered Agent

33133

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 Officer And/or

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/02 702-567.004

CR2E081 (9/01)

LAW OFFICES

Jerome S. Reisman

A PROFESSIONAL ASSOCIATION 3006 AVIATION AVENUE SUITE 4B COCONUT GROVE, FLORIDA 33133

JEROME S. REISMAN, ESQ. MERCEDES A. ORTEGA PARALEGAL

April 11, 2002

TELEPHONE (305) 856-1856 FAX (305) 856-6988 E-MAIL JerryReisman@aol.com

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

> M.C. Productions, Inc. Re:

FEI No.: 650921565

Dear Sirs:

Enclosed is my check in the amount of \$300.00 to reinstate M.C. Productions for the years 2001 and 2002.

The office address for the corporation and resident agent was moved and no notice was received from the Secretary of State with instructions concerning the annual fee.

Kindly reinstate the corporation.

JEROME'S. REISMAN

very tru

JSR:ar Encls.