

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **99900037216**

1. Corporation Name
Red Planet Production, Corp.

2. Principal Office Address
16437 SW 103 Terrace

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33196

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **April 23, 1999**

5. FEI Number
65-0913112

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **BOY**

7. Name and Address of Current Registered Agent

Name **Robert Blades**

600035734036

Street Address (P.O. Box Number is Not Acceptable)
16437 SW 103 Terrace

05/07/04 01018 021 **300.00

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33196

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 **May 5, 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 / State / Zip
DIRECTOR	ROBERT BLADES	16437 SW 103 TERR	16437 SW 103 TERR MIAMI FL. 33196

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:

[Signature]

May 21 2004 (305) 385-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)