PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 28 PM 2:24

DOCUMENT # P99000072590

1. Corporation Name

8 Rivers Production, Inc.

REINSTATEMENT 06-02

2. Principal Office Address	**3.** Mailing Office Address
1440 Coral Ridge Dr.	P.O. Box 771071
Suite, Apt. #, etc. #107	Suite, Apt. #, etc.
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33071 Country USA	Zip 33077-4071 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/13/99

5. FEI Number 65-0931724 ☐ 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: James B. Dean

200005255152--8
-04/11/02--01066--028
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 1440 Coral Ridge Dr.

Suite, Apt. #, Etc.: #107

City: Coral Springs State: FL Zip Code: 33071

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: James B. Dean — REGISTERED AGENT MUST SIGN — Date: 3/26/02

CR2E061 (9/01)

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
PD	James B. Dean	P.O. Box 771071	Coral Springs FL 33077
VPD	Margaret Dean	P.O. Box 771071	Coral Springs FL 33077
TD	Shellie Dean	PO Box 771071	Coral Springs FL 33077
SD	Nadia Dean	PO Box 771071	Coral Springs FL 33077

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: James B. Dean — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/26/02 Date — 954-993-8581 Daytime Phone #