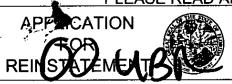
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

EURETARY OF STATE

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APP	CATION	
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REINST	ATEMENT	5

**DOCUMENT#** 

1. Corporation Name

Principal Place of Business

756 CYPRESS STREET PORT SAINT LUCIE FL 34952 Mailing Address

POST BOX 9432
PORT ST LIVE FL 34952 PORT ST LVC 1e

L FL 34985-9432



II GDOVE AL	diesses are incorrect in any way, inc i	nough mooned in	ionnadon and enter e	55.1.55t.5.1. DOIO11.				
New Principal Office Address, If Applicable     3. New Maili		ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/12/1999				
Suite, Apt. #, etc. Suite, Apr.		Suite, Apt #	5. Box 9432		5. FEI Number	- <del></del>	Applied For	
City & State		City & State	Port ST. Lucie, \$F1.		65-0960269 Not Applicable			
Zip	Country	Zip 3 498.	5-9432 Country	'USA	1 **	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flor	ida nonprofit corpora	tions must list at le	east 3 directors)			
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		:h	City / State / Zip		
PSTD	GLEASON, THOMAS		756 CYPRESS S	STREET		PORT SAINT LUCIE FL 34952		
				, s:	60	00003471	8266 01022002	
						****150.00	****150.00	
		<del></del>					_/	
i						Sho	1/16	
	,					6		
	8. Name and Address of Currer	t Registered Age	nt		Name and Address of New Registered Agent			
				Name				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
				City	_	Sta <b>F</b>		
10. I, being	appointed the registered agent of the a	pove named corpo	ration, am familiar wi	th and accept the	obligations of Sect	ion 607.0505, F.S.		
Signature of Registered	Agent Tuo J.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	31.3			Date 10-28	1-00	
		REGISTERED AG	ENT MUST SIGN					

11. 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.

To whom it may concern,

We at Eyber Films Incare very Surry about not sending in our \$150,000 renewal-fee-for our-corporation, but we were never given notice of such a payment that was due. It may be possible that you have the wrong zip code for our address because we noticed that on the cancel notice that you sent us, And when we phoned your office we were informed that you got the renewal form sent back to you for incorrect address reasons,
we would appreciate for would our check for \$150.00 for our yearly renewal payment.

Thank you very much,

The Till