PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secre	PARTMENT OF STATE etary of State of Corporations	03 i ენ(APR 18 PM 2: 34 SKETARY OF STATE LAHASSEE, FLORIDA		
DOCUMENT # P 99000100856			i AL	LANASSEC,		
Silicon Beach	Studio	e "Inc.				
2. Principal Office Address 5115 Cadar Springs Di	3. Mailing Office	dar Springs, Dr.	-			
Suite, Apt. #, etc.	suite, Apt. #, etc.		4. Date Incorpora			
City & State Maples FL	City State	es E	5. FEI Number	Applied Applied Not Ap	plicable	
34110 USA	34110	USA	GERTIFICATE O	F STATUS DESIRED S8.75 Additional Fee		
7. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 102 City Name Ann Frank Street Address (P.O. Box Number is Not Acceptable) Pulling RD. S. Ste 102 State Zip Code FL 34112						
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 REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer	and/or Director (Florida					
Name of Officers and/or Direct	ors	Street Address of Ea Officer and/or Direct		City / State / Zip		
Pres. Diang K Capp	etti s	5115 Cedar Sprin	95 Dr 101	Naples, FL 341		
Pres Robert A Capp		515 Ceclar Spri				
			71	00016323907		
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 DI	12 (a metti	4-17	-03 239-592-0 Date Daytime Phone #	7404 VVV	
					$\sqrt{1}$	



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

ORDER DATE: April 18, 2003

ORDER TIME : 11:04 AM

ORDER NO. : 057710-005

CUSTOMER NO: 7375760

CUSTOMER:

Mr. Diane Cappetti

Colortec Copy Center

1813 J & C Blvd.

Naples, FL 34109

DOMESTIC FILINGS

NAME: SILICON BEACH STUDIOS, INC.

373 <i>7</i>	D	COTTO 4 CO 3 TOTAL
XX	${ t REINSTA}$	TEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING