

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR *96* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 30 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S41023*

1 Corporation Name

*JORGE HANE Productions, Corp.
11900 Biscayne Blvd. #809
Miami, FL 33181*

Principal Place of Business

Mailing Address

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>03/25/91</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0260793</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <i>\$375 Additional Fee required for a Certificate of Status</i>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>DPV ST</i>	<i>JORGE HANE</i>	<i>1130 WASHINGTON Ave #700 MIAMI BEACH, FL 33140</i>	

*600002046065--7
-01/03/97--01182--013
***375.00 ***375.00*

REINSTATEMENT / *996*

*d. Alan
12/30/96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <i>JORGE HANE</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1130 WASHINGTON Ave</i>	
Suite, Apt. # Etc. <i>#700</i>	
City <i>MIAMI BEACH</i>	State <i>FL</i> Zip Code <i>33140</i>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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

JORGE HANE

Date

12/21/96

Daytime Phone #

(305) 860-9929