

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 14 PM 1:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # S92829				
1. Corporation Name SHEILA DUFFY-LEHRMAN PRODUCTIONS, INC.				
Mailing Address 8080 ALTON RD MIAMI BEACH FL 33140		Principal Place of Business 8080 ALTON RD MIAMI BEACH FL 33140 701 Lincoln Road Suite # 107 Miami Beach, FL 33139		
2. New Mailing Address, if Applicable SAME AS LISTED		3. New Principal Office Address, if Applicable 701 Lincoln Road Suite, Apt. #, etc. SUITE # 107 City & State Miami Beach, FL		4. Date Incorporated or Qualified To Do Business In Florida 11/08/1991
City & State		City & State Miami Beach, FL		5. FEI Number 65-0299586
Zip	Country	Zip 33139	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
D	DUFFY-LEHRMAN, SHEILA	3090 ALTON RD	MIAMI BEACH FL	
			800002143958--5 -04/15/97--01079--005 ***1245.00 ***1245.00	
REINSTATEMENT 94-97				
8. Name and Address of Current Registered Agent LEHRMAN, RICHARD ALAN 1680 MICHIGAN AVENUE STE. 1104 MIAMI BEACH FL 33139			9. Name and Address of New Registered Agent Name: Richard Alan Lehrman Street Address (P.O. Box Number is Not Acceptable): 777 Arthur Godfrey Road Suite, Apt., Etc.: 4th Floor City: Miami Beach State: FL Zip Code: 33140	
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: <i>[Signature]</i>			Date: 3/3/97	
REGISTERED AGENT MUST SIGN				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)				
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
13. 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 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., 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: <i>[Signature]</i> SHEILA DUFFY-LEHRMAN 3/3/97 532-9274 (305)				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

CR2E040 (6-94)