


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073899

1. Corporation Name
PETERMAN PRODUCTIONS INC

2. Principal Office Address 21035 Rustlewood Ave.		3. Mailing Office Address 21035 Rustlewood Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33248	Country Palm Beach	Zip 33248	Country Palm Beach

FILED
05 JAN 31 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-05
MRS

4. Date incorporated or Qualified To Do Business in Florida 8/24/98	
5. FEI Number 65-0860054	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
MICHAEL BADEN

Street Address (P.O. Box Number is Not Acceptable)
21035 Rustlewood Ave.

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33248

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 Michael Baden Date 1-28-05
REGISTERED AGENT MUST SIGN

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
PP/T/S/D	JOHN O'HURLEY	1710 Monte Cielo Ct.	Beverly Hills, CA 90210
			600046285116 02/10/05--01002--002 **8.75
			600046285116 02/10/05--01002--001 **1650.00

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: John O'Hurley **JOHN O'HURLEY** Date 1/28/05 Daytime Phone # 818 980-7689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)