

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 22 AM 11: 51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # **P98000080156**

1. Corporation Name
S 4 PRODUCTIONS, INC.

Principal Place of Business Mailing Address

1265 NORTH BISCAYNE POINT ROAD 1265 NORTH BISCAYNE POINT ROAD
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1998	
City & State		City & State		5. FEI Number	
				65-0867879	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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	4 City / State / Zip
D	BARNETT, SABRINA	1265 NORTH BISCAYNE POINT ROAD	MIAMI BEACH FL 33141
D	BARNETT, SCOTT	1265 NORTH BISCAYNE POINT ROAD	MIAMI BEACH FL 33141
			000003783620--2 -02/27/01--01127--010 ****900.00****900.00

REINSTATEMENT 2000-01
[Signature]

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARNETT, SCOTT 1265 N BISCAYNE PT RD MIAMI BEACH FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/15/00
REGISTERED AGENT 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date 10/15/00 (305) 865-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)