

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000009666

Name and Mailing Address

0000253 01 FP 0.352 \*\*PRSR T1 0 0615 33131-262405



E.I. PRODUCTIONS, LLC  
501 BRICKELL KEY DRIVE, SUITE 405  
MIAMI FL 33131-2624

600013138856  
02/26/03--01045--017 \*\*155.00



FILED

03 MAR 21 AM 10:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. New Mailing Address

City, State, Zip

Principal Place of Business

501 BRICKELL KEY DRIVE, SUITE 405  
MIAMI FL 33131

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/10/2000

6. FEI Number 65-1034559

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

FINK, BRIAN L ESQ.  
C/O CATLIN SAXON TUTTLE EVANS FINK & KOLSKI  
169 EAST FLAGLER STREET  
MIAMI FL 33131-1298

9. Name and Address of New Registered Agent

Name

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

600013138856  
03/13/03--01008--007 \*\*45.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	IGLESIAS, ENRIQUE	501 BRICKELL KEY DRIVE, SUITE 405	MIAMI FL 33131
MGR	SANCHEZ, JUAN C	501 BRICKELL KEY DRIVE, SUITE 405	MIAMI FL 33131

REINSTATEMENT 02-03

AL

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

Date 12/10/2002

Daytime Phone # 305-358-3777

Typed or printed name of signing Managing Member/Manager

JUAN C. SANCHEZ