PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 25 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51337

1. Corporation Name

MAJE PRODUCTIONS, INC.
7435 S.W. 33rd St.
Miami, Florida 33155

REINSTATEMENT 92-01

2. Principal Office Address	**3.** Mailing Office Address
7435 S.W. 33 rd St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami,, Florida	City & State
Zip: 33155 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1990

5. FEI Number: 65-1138892 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MAGALI L. PUIG

Street Address (P.O. Box Number is Not Acceptable): 782 N.W. Lejeune Rd.

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-10/08/01--01080--016
***2100.00 ***2100.00

Suite, Apt. #, Etc.: Suite 428

City: Miami State: FL Zip Code: 33126

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: Magali L. Puig Date: 9/21/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pres.	RODOLFO RODRIGUEZ	7435 S.W. 33rd St.	Miami, Florida 33155
Vice-Pres.	VICENTE FERNANDEZ	1815 S.W. 107 Ave. #1708	Miami, Florida 33165
Sec.	VICENTE FERNANDEZ	1815 S.W. 107 Ave, #1708	Miami, Florida 33165

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: Vice President 9/21/01 (305)442-8023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #