PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86593

1. Corporation Name
CUJA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
19449 S.W. 248 ST. HOMESTEAD FL 33031	19449 S.W. 248 ST. HOMESTEAD FL 33031

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/11/1987

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SANTALLA, GONZALO	19449 S.W. 248 ST.	HOMESTEAD FL 33031
VST	SANTALLA, GONZALO	19449 S.W. 248 ST.	HOMESTEAD FL 33031
			200002009652--3 -11/20/96--01053--009 *****383.75 *****383.75
			JB1118-96

8. Name and Address of Current Registered Agent

SANTALLA, GONZALO
19449 S.W. 248 ST.
HOMESTEAD FL 33031

9. Name and Address of New Registered Agent

Name: SANTALLA GONZALO
Street Address (P.O. Box Number is Not Acceptable): 19449 S.W. 248 ST.
Suite, Apt. #, Etc.:
City: HOMESTEAD FL. 3
State: FL Zip Code: 33031

CR2E045 (7/96)

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: X SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 10/11/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
305.248.1230
Daytime Phone #