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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 21 PM 12:10

DOCUMENT # K67973

1. Corporation Name

Tiger Shark Production, Corp.

Principal Place of Business / Mailing Address - same

3663 Southwest 8th Street, Suite 210
Miami, Florida 33135

REINSTATEMENT 99-99

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
~~9600 N.W. 25 Street~~	~~9600 N.W. 25 Street~~
Suite, Apt. #, etc.: ~~3F~~	Suite, Apt. #, etc.: ~~3F~~
City & State: ~~Miami, Florida~~	City & State: ~~Miami, Florida~~
Zip: ~~33172~~ Country: ~~USA~~	Zip: ~~33172~~ Country: ~~USA~~

4. Date Incorporated or Qualified To Do Business In Florida: 02/23/89

5. FEI Number: 65-0101519 — Applied For ☐ Not Applicable ☐

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	ANDRES GARCIA	~~4600 S.W. 152 Avenue~~ Bosque de Ciruelo, No. 190 Despacho B-101 Piso -1	~~Miramar, Florida~~ Colonia Bosque de las Lomas ~~Mexico, D.F. 11780~~

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~~***1050.00 ***1050.00~~
10/27

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~Marcos A. Guerra, CPA~~ ~~3663 Southwest 8th Street, Suite 210~~ ~~Miami, Florida 33135~~	Name: Manuel Arthur Mesa, Esquire Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street, 37th Floor Suite, Apt. #, Etc.: City: Miami — State: FL — Zip Code: 33131

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: Marcos A. Guerra, CPA — REGISTERED AGENT MUST SIGN — Date: 9/8/99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: ~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ — Date: 9/10/99 — Daytime Phone #: 305-593-7041