PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000011696

1. Limited Liability Company's Name

FESTIVAL DE LA CANCION LATINOAMERICANA, L.L.C.

2. Principal Office Address	3. Mailing Office Address
C/O ERNESTO GONZALEZ, CPA. PA 2655 LEJEUNE ROAD	C/O ERNESTO GONZALEZ CPA PA 2655 LE JEUNE ROAD
Suite, Apt. #, etc. SUITE PH 2-B	Suite, Apt. #, etc. SUITE PH 2-B
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9/27/00

6. FEI Number: 65-1042353 ☐ 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

Name: ERNESTO GONZALEZ CPA.

Street Address (P.O. Box Number is Not Acceptable): 2655 LEJEUNE ROAD

Suite, Apt. #, Etc.: SUITE PH-2B

City: CORAL GABLES State: FL Zip Code: 33134

9. 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: [signature] Date: 11/16/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	LUIS R. VIOLA	2655 LEJEUNE ROAD	SUITE PH-2B CORAL GABLES, FL 33134

REINSTATEMENT

11. 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 608.408, 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: [signature] Luis R. Viola Date: 11/16/01 Daytime Phone # 305 379-1819

Typed or printed name of signing Managing Member/Manager: LUIS R VIOLA