

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 14 AM 10:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015442

1. Corporation Name

M2K PRODUCTIONS, LLC

2. Principal Office Address

543 Hunting Lodge Dr

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

Zip **33166**

Country **MIAMI-DADE**

Zip

Country

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2002

5. FEI Number

☒ 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

VICTORIA S. ANCHIPOLOVSKY

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

543 HUNTING LODGE DRIVE

Suite, Apt. #, Etc.

N/A

City

MIAMI SPRINGS

State

FL

Zip Code

33166

REINSTATEMENT 2005
300061239189
11/23/05 30004 002 **300.00

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

[Signature]

Date **11/11/05**

REGISTERED AGENT MUST SIGN

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
MGRM	VICTORIA S. ANCHIPOLOVSKY	543 Hunting Lodge Dr.	Miami Springs, Fl 33166

REINSTATEMENT 03-05
300061801799
11/30/05--01057--002 **300.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/2002

Date

Daytime Phone #