PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 21 AM 8:06

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031928

1. Limited Liability Company's Name
KAWOABOONGA PRODUCTIONS, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
2001 BISCAYNE BLVD	2001 BISCAYNE BLVD
Suite, Apt. #, etc.: #2513	Suite, Apt. #, etc.: #2513
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33137 Country: MIAMI-DADE	Zip: 33137 Country: MIAMI-DADE

4. State/Country of Formation: Florida, Miami-Dade

5. Date Organized or Qualified To Do Business in Florida: 11/27/2002

6. FEI Number: 05-0542879 ☐ 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: Spiegel & Utrera, PA

900078375959
900078375959
08/04/06--01034--013 **470.00

Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22 St, 4th Floor

Suite, Apt. #, Etc.:

City: Miami, FL 33145

State: FL Zip Code:

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: By Spiegel & Utrera, PA, Natalia Utrera, Vice President
REGISTERED AGENT MUST SIGN

Date: 07/31/2006

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
Manager	Sabrina Rojas	2001 Biscayne Blvd # 2513	Miami, Fl 33137
Manager	George Stanger	2001 Biscayne Blvd # 2513	Miami, Fl 33137

REINSTATEMENT 2003-06

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. [illegible] when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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] Date: 7/31/06 Daytime Phone#: 305-801 6740

Typed or printed name of signing Managing Member/Manager: Sabrina Rojas