PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L03000022616

FILED
04 DEC 15 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DK

DOCUMENT # L03000022616

1. Limited Liability Company's Name

DUBBINGLAB STUDIOS, LLC

2. Principal Office Address	3. Mailing Office Address
6355 NW 36St.	6355 NW 36St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 407	Suite 407
City & State	City & State
Virginia Gardens, FL	Virginia Gardens, FL
Zip / Country	Zip / Country
33166 / Miami Dade	33166 / Miami Dade

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-0058511 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: WILLIAM NARANJO

Street Address (P.O. Box Number is Not Acceptable): 6355 NW 36St.

Suite, Apt. #, Etc.: Suite 407

City: VIRGINIA GARDENS | State: FL | Zip Code: 33166

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: William Naranjo WILLIAM NARANJO Date: 11-24-2004

REGISTERED AGENT MUST SIGN

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
MGR	LILIA E. BECERRA	6355 NW 36St.	Virginia GardensFL33166
MGR	WILLIAM NARANJO	6355 NW 36St.	Virginia Gardens,FL33166

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12/01/04--01004--010 **150.00

REINSTATEMENT 2004

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: William Naranjo Date: 11-24-2004 Daytime Phone # 305-244-6055

WILLIAM NARANJO

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/99)

L03000022616

December 7, 2004

Florida Dpt. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: 2004 Annual Report
L 03000022616

Dear Sir

Our office moved and we did not receive the warning and payment request.

Please accept our late payment.

Thank you for your kind consideration

Sincerely,

William Naranjo

William Naranjo, MGR
DUBBINGLAB STUDIOS, LLC
6355 NW 36 St. Suite 407
Virginia Gardens, FL 33166