PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 JUL 27 AM 10: 01

DOCUMENT # L17000069923

1. Corporation Name
A SHADE ABOVE FILMS LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
445 TRESCA ROAD		445 TRESCA ROAD	
Suite, Apt. #, etc. 404		Suite, Apt. #, etc. 404	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32225	Country USA	Zip 32225	Country USA

200316402852
07/27/18--01003--005 **238.75
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 03/27/2017

5. FEI Number 82-1001657 ☐ 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 CHRISTIAN MATOS

Street Address (P.O. Box Number is Not Acceptable) 1207 WETLAND RIDGE CIR

Suite, Apt. #, Etc.

City	State	Zip Code
MIDDLEBURG	FL	32068

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 Christian Matos Date 07/23/2018
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
MGR	CHRISTIAN MATOS	1207 WETLAND RIDGE CIR	MIDDLEBURG, FL 32068
			JUL 27 2018
			C SNEAD

10. E-mail Address: ASHADEABOVEFILMS@GMAIL.COM
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Christian Matos 07/23/2018 904-635-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #