

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 11 AM 11:06

DOCUMENT # L9900000 8907

1. Limited Liability Company's Name

CINEMAGIC FILMS, L.L.C.

9/29/00 ✓

2. Principal Office Address

1821 BRICKELL AVE

Suite, Apt. #, etc.

1590

City & State

Miami Fla

Zip

33129

Country

USA

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

1590

City & State

Miami Fla

Zip

33129

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/16/99

6. FEI Number

65-0949078

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

KREUTZBERGER PATRICIO

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

1221 BRICKELL AVE

300004220269

Suite, Apt. #, Etc.

1590

05/16/01 --01087--009

****200.00 ****200.00

City

Miami

State

FL

Zip Code

33129

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

APRIL 26, 2001

REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

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
MGRM	PATRICIO KREUTZBERGER	1221 BRICKELL #1590	Miami Fla 33129
			5/1

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 608.406, 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

4/26/01

Daytime Phone #

(305) 373-2022

Typed or printed name of signing Managing Member/Manager

PATRICIO KREUTZBERGER