

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**no1 0000 2394**

**FILED**

02 OCT 29 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002394

Name and Mailing Address

0003009 01 FP 0.352 \*\*PRSR T9 0 0615 33180-280199

ZUMBA PRODUCTIONS, LLC  
2875 NE 191ST STREET  
AVENTURA FL 33180-2801

700008666197  
10/29/02--U1069--018 \*\*150.00



<b>2. New Mailing Address</b> 2875 NE 191 Street, Suite 604. City, State, Zip Aventura FL, 33180		<b>4. State/Country of Formation</b> DE	
<b>Principal Place of Business</b> 2875 NE 191ST STREET AVENTURA FL 33180		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/24/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1132716	
		Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> PERIMAN, RICHARD 2875 NE 191ST STREET AVENTURA FL 33180		<b>9. Name and Address of New Registered Agent</b> Name: RICHARD PERLMAN Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191st Street, Ste. 604 City: Aventura FL Zip Code: 33180	
<b>10. 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.</b> Signature of Registered Agent: <i>[Signature]</i> Date: 10/26/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
MGR	Alberto PERLMAN	2875 NE 191 Street #604	Aventura, FL 33180
MGR	Alberto Aghion	19333 Collins Av. #708	Sunny Isles, FL 33160
MGR	Richard Perlman	2000 Island Blvd #801	Aventura, FL 33160
MGR	Jack Aghion	19333 Collins Av #708	Aventura, FL 33160
MGR	David Bercuson	9130 S. Dadeland Blvd #1800	Miami, FL 33156
10/30/02			

CR2E084 (8/02)

**REINSTATEMENT 2002**

**12. 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: 10/26/02 Daytime Phone #: 305 799 0771