1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

16 OCT 20 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300291475323

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000005278

1. Limited Liability Company's Name
SONOCLIPS DUBBING LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1001 BRICKELL BAY DRIVE	1001 BRICKELL BAY DRIVE
Suite, Apt #, etc SUITE 3104	Suite, Apt #, etc SUITE 3104
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33131 / UNITED STATES	Zip / Country 33131 / UNITED STATES

CR2E041 (1/14)

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida 08/21/2013

6. FEI Number
90-1012008
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 HAYS STREET

Apt #, Etc

City	State	Zip Code
TALLAHASSEE	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Courtney Williams Asst. Vice President Date 10.20.16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	V-ME MEDIA, INC	1001 BRICKELL BAY DR, SUITE 3104	MIAMI, FL 33131
MGRM	ANGOSTURA FILM & MEDIA LLC	450 ALTON ROAD, SUITE 607	MIAMI BEACH, FL 33139

11. E-mail Address larteche@vmetv.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605 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 requirement of section 605.0012, 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; 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 of authorized representative/member Date 10/20/2016 Daytime Phone # 305-904-2484

Typed or printed name of signing authorized representative/member Leon Arteche

K. ASHTON

287

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 340324 7666356

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 20, 2016

ORDER TIME : 3:19 PM

ORDER NO. : 340324-005

CUSTOMER NO: 7666356

REINSTATEMENT

NAME: SONOCLIPS DUBBING LLC

2016 OCT 20 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____