

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

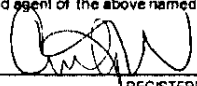
FILED

16 OCT 20 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300291475323

CR2ED41 (1/14)

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 # 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. SUITE 3104 City & State MIAMI, FL Zip 33131 Country UNITED STATES		3. Mailing Office Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. SUITE 3104 City & State MIAMI, FL Zip 33131 Country UNITED STATES	
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 ☐		55.00 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 TALLAHASSEE State FL Zip Code 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 Date 10.20.16 REGISTERED AGENT MUST SIGN Asst. Vice President			
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 lartech@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 905.0012, 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 Artech			

K. ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, 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

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 _____

16 OCT 20 PM 11:26
SUFFOLK COUNTY
RECEIVED