State FL 33155 State FL 33155 State FL 33155 State FL 33155 Signature of Registered Agent REGISTERED AGENT MUST SIGN Page MARCH 09, 2007 REGISTERED AGENT MUST SIGN Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip		•	PLEASE READ /	ALL INST	RUCTI	ONS BEFOR	RE C	OMPLETI	NG THIS FOR	M.		
EXILIO PRODUCTIONS INC. 2. Principal Office Address - No. P.O. Box 8 6234 SW 42ND ST 6234 SW 42ND ST Suite, Apt. #, etc. City & State SOUTH MIAMI FL 20 33155 County 7. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent TINA DE VARONA Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Agents of Current Registered Agent SOUTH MIAMI S. I. Etc. SUITE, Apt. #, Etc. SOUTH MIAMI S. I. State REGISTERED AGENT MUST SIGN State Address of Each Officer and/or Directors Officer and/or Directors SOUTH MIAMI FL S	CORPORATION REINSTATEMENT Secretary of State						TE					
2. Principal Office Address - No P.O. Box # 6234 SW 42ND ST REJACTORY ACTION OF Address - No P.O. Box # 6234 SW 42ND ST REINSTATE AND TO A State SUIte, Apt. #, etc. City & State SOUTH MIAMI FL STATUS DESIRED STATUS								JEGRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. SUITH MIAMI FL SOUTH MIAMI FL SOUTH MIAMI FL Zip 33155	EXILIO PRODUCTIONS INC.											
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. SUITH MIAMI FL SOUTH MIAMI FL SOUTH MIAMI FL Zip 33155				3. Mailing 0 6234	ffice Addres SW 4	2ND ST	ND ST REINSTATEMENT					
Applied For Not Applied For No	Suite, Apt. i	#, etc.		Suite, Apt. #,	etc.			4. Date Incorp	ested as Ovelified		03	
33155 USA 33155 USA 7. Name and Address of Current Registered Agent ACLINA DE VARONA Country The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. SOUTH MIAMI State 33155 Sinature of Registered Agent REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors City / State / Zip PD ALINA DE VARONA 6. CERTIFICATE OF STATUS DESIRED 8. Street Address of Each Circumstances which the entity did not receive the circumstances which the entity did not receive the circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. South MIAMI 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. Date MARCH 09, 2007 REGISTERED AGENT MUST SIGN 9. Name of Officer and/or Directors City / State / Zip PD ALINA DE VARONA 6234 SW 42ND ST SOUTH MIAMI FL 3315.							•	83-035	Applied For			
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Stouth MIAMI State 33155 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 REGISTERED AGENT MUST SIGN Pate MARCH 09, 2007 REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Directors City / State / Zip PD ALINA DE VARONA 6234 SW 42ND ST SOUTH MIAMI FL 3315:	^z /3315	55	USA	3315	5	USA	_		OF STATUS DESIRED	\$8.75 Additional	Fee require	
Signature of Registered Agent 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 Officer and/or Director PD ALINA DE VARONA 6234 SW 42ND ST SOUTH MIAMI FL 3315	Suite, Apt. #, Etc.							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PD ALINA DE VARONA 6234 SW 42ND ST SOUTH MIAMI FL 33158	Signaturė o	, []]					t the ob	ligations of section			7	
PD ALINA DE VARONA 6234 SW 42ND ST SOUTH MIAMI FL 3315	Titles Name of Street Address of Eac							ast 3 directors)	City	State / 7in		
K Fokel MAR 1 2 2007								ST	SOUTH MIAMI FL 33155			
									K. Eckel MAF	1 2 2007		

10. 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 filling 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is the and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 09, 2007

Date

Daytime Phone #