

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 12 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000885

1. Corporation Name

EXILIO PRODUCTIONS INC.

800093759428
03/20/07--01016--004 **245.00

2. Principal Office Address - No P.O. Box #

6234 SW 42ND ST

Suite, Apt. #, etc.

3. Mailing Office Address

6234 SW 42ND ST

Suite, Apt. #, etc.

City & State

SOUTH MIAMI FL

City & State

SOUTH MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2003

5. FEI Number

83-0350069

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALINA DE VARONA

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

6234 SW 42ND ST

Suite, Apt. #, Etc.

City

SOUTH MIAMI

State

FL

Zip Code

33155



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.

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

Date **MARCH 09, 2007**

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	City / State / Zip
PD	ALINA DE VARONA	6234 SW 42ND ST	SOUTH MIAMI FL 33155

K. Eckel MAR 12 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 filing 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 true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MARCH 09, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #