2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0300009908 1. Entity Name OBINI PRODUCTIONS, INC.							FILED 04 DEC 20 PM 12: 05						
Principal Place of Business Mailing Address 1335 S.W. 8TH ST. 1335 S.W. 8TH S MIAMI, FL 33135 MIAMI, FL 33135							SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of Business 3. Mailing Address													
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					12172004 _{RE}	IN-NP	CR2E	:099 (6/04)			
City & State	9	City & State					4. FEI Number				oplied For at Applicable		
Zip	p . Country		Zip		Country		5. Certificate of St	tatus Desired		\$8.75 Add	ditional		
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
OLIVA-FONSECA, MARTHA 13010 S.W. 52 ST					Street Address (P.O. Box Number is Not Acceptable)								
MIAM!, FL 33175													
					City	FL Zip Code							
SIGNATURE Sprature, typed or printed name of registered apert and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the Corporation did not receive the prior notice. Make check payable to Florida Department of State													
10.	OFFICERS AND D	IRECTORS		11.		Α	ADDITIONS/CHANG	ES TO OFFICE	RS AND D				
NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA-FONSECA, MARTHA 1335 S.W. 8TH ST. MIAMI, FL 33135		□ Delete		1					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ-LABRIT, VICTORIA 1335 S.W. 8TH ST. MIAMI, FL 33135		☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP	S GOUDIE, ANNIE 1335 S.W. 8TH ST. MIAMI, FL 33135		Delete	1	1	G 2	eogma 35 sw 11 am	Zay 851 Fl. 3	3 3	☐ Change	Z Audition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1		90 02/15/	0046 050102	632 1-01	Change 2 919 0 **61	□ Addition . 25		
TITLE NAME STREET ADORESS CITY-ST-ZIP		7."	☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition		
12. I hereby of indicated of the corphanged,	certify that the information supplied wi on this report or supplemental report poration or the receiver or sustee em or on an attachment with an address	th this filing is true and cowered to with all of	does not qualify for accurate and that n execute this report for his empowered.	r the exem ny signal as requi	mption state ture shall har red by Chap	ed in Ser ive the s oter 617	ction 119.07(3)(i), Florame legal effect as 7, Horida Statutes; ar	orida Statutes. if made under and that my nam	I further ce oath; that I e appears	ertify that the in am an officer in Block 10 o	nformation or director r Block 11 if		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DESCRIPTION OF DES													

OBINI PRODUCTIONS, INC.

To: Department of Florida Corporations

From: Martha Oliva - Fonseca

President

Date: December 17, 2004

We a.re a new non for profit corporation and did not receive the application form to file the annual report.

Please, waive the fees and accept pay in the amount of \$61.25. Our mailing address is 1335 S. W. 8 Street, Suite #3 Miami, Florida, 33135

Thanking you in advance for your prompt consideration to this matter.