

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 27 AM 9:33

DOCUMENT # P00000046615

1. Corporation Name

FIGARO FILMS, INC.

2. Principal Office Address

2050 ALTON RD, SUITE ONE
MIAMI BEACH FL 33140

3. Mailing Office Address

2050 ALTON RD, SUITE ONE
ALTON RD, MIAMI BEACH FL 33140

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/2000

5. FEI Number

65-1042789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLANKENBAKER, BETSY

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

2050 ALTON RD.

Suite, Apt. #, Etc.

SUITE ONE

City

MIAMI BCH, FL

State

FL

Zip Code

33140

300005074109
-03/08/02-01085-002
****900.00 ****900.00

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

Betsy Blankenbaker

Date 2-21-02

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	City / State / Zip
D	BLANKENBAKER, BETSY	2050 ALTON RD, SUITE ONE	MIAMI BCH, F 33140

JB3/6

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 under section 119.07(3)(i), 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.

305 674-004

SIGNATURE:

Betsy Blankenbaker

2-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)