PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

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

FILED
03 DEC 22 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087432

1. Corporation Name

GIL SANTOS PRODUCTIONS INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
220 71ST STREET # 204	
Suite, Apt. #, etc.: # 204	Suite, Apt. #, etc.:
City & State: MIAMI BEACH, FL	City & State:
Zip: 33141 / Country:	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 65-1036694 ☐ 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: GIL SANTOS.

Street Address (P.O. Box Number is Not Acceptable): 220 71ST STREET.

800025155288
12/02/03--01028--007 **150.00

Suite, Apt. #, Etc.: # 204

City: MIAMI BEACH | State: FL | Zip Code: 33141

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: _____ Date: _____
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
PTD	GIL SANTOS	220 71ST STREET # 204	MIAMI BEACH, FL 33141
USD	MASON-DIONNE-L	-5415-COLLINS AVE-#-706	MIAMI BEACH, FL-33140

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com.

December 16, 2003

RE: Gil Santos Productions, Inc.
220 71st Street #204
Miami Beach, FL. 33141
Ref. number: P00000087432

To Whom It May Concern:

Please notice that Gil Santos Productions, Inc. never received the first Annual Report.

Thank you for your time.

If you have any further questions, please feel free in contacting me at my office, or write to my office.

Best regards,

George L. Brito
Accounting