

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000100887**

1. Corporation Name

**VISION PRODUCTION STUDIOS, INC.**

Principal Place of Business

**550 BILTMORE WAY, STE 1180  
CORAL GABLES FL 33134**

Mailing Address

**550 BILTMORE WAY, STE 1180  
CORAL GABLES FL 33134**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/26/2000**

5. FEI Number

**65-1056766**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BANDEL, STEVEN I	550 BILTMORE WAY, STE 1180	CORAL GABLES FL 33134
DV	BARDASANO, CARLOS	550 BILTMORE WAY, STE 1180	CORAL GABLES FL 33134
DV	FRAIZ-GRIJALBA, MANUEL	550 BILTMORE WAY, STE 1180	CORAL GABLES FL 33134
DV	RIVERA, ALEJANDRO	550 BILTMORE WAY, STE 1180	CORAL GABLES FL 33134
DVT	VILLANUEVA, LUIS	550 BILTMORE WAY, STE 1180	CORAL GABLES FL 33134
S	MONTOYA, GABRIEL	550 BILTMORE WAY, SUITE 1180	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SPINE ISLAND RD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**12/27/02**

11. 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:

**Gabriel Montoya**  
**SIGNATURE REQUIRED**  
SECRETARY

12-26-02

(305) 442-3425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)