

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 28 AM 8:20

DOCUMENT # P01000032592

1. Corporation Name

BIG DREAMS PRODUCTIONS, INC

REINSTATEMENT 02-03

000011136200

01/28/03--01068--001 **900.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

1030 14TH STREET

Suite, Apt. #, etc.

1030 14TH STREET

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/2001

5. FEI Number

65-1091412

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

KARINA V. MALUF

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

1030 14TH STREET

Suite, Apt. #, Etc.

1030 14TH STREET

City

MIAMI BEACH

State

FL

Zip Code

33139

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

[Signature of Karina V. Maluf]

REGISTERED AGENT MUST SIGN

Date

January 23, 2003

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	KARINA V. MALUF	1030 14 TH STREET	MIAMI BEACH, FL 33139
D	CAROLINA G. AGUILERA	1030 14 TH STREET	MIAMI BEACH, FL 33139

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

KARINA V. MALUF

Date

01/23/03

Daytime Phone #

CR2E081 (10/02)