

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -2 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P01000652961

1. Corporation Name

Gaia Films, INC.

2. Principal Office Address

7525 E TREASURE DR. #7P

Suite, Apt. #, etc.

#7P

City & State

NORTH Bay Village, FL

Zip

33141

Country

USA

3. Mailing Office Address

7525 E. TREASURE DR.

Suite, Apt. #, etc.

#7P

City & State

NORTH Bay Village, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-29-01

5. FEI Number

65-1111633

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

Omar Tinoco

300005554383--6

-05/16/02--01028--013

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

7525 E TREASURE DR.

\*\*\*\*150.00 \*\*\*\* 50.00

Suite, Apt. #, Etc.

#7P

City

NORTH Bay Village

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

REGISTERED AGENT MUST SIGN

Date 4-29-02

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
MR.	Omar Tinoco	7525 E TREASURE DR. #7P	North Bay Village, FL 33141
MRS.	Fabiola Borges	7525 E TREASURE DR. #7P	Al Bay Village, FL 33141

4/30/10

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

Omar Tinoco

Date

4-29-02

Daytime Phone #

7865121203

CR2E081 (9/01)