

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088701

1. Corporation Name

3 POINT 5 PRODUCTIONS, INC.

REINSTATEMENT 02-03

100017192921
04/28/03--01069--021 **908.75

2. Principal Office Address

2022 NW 145TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2022 NW 145th Avenue

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33028

Country

City & State

Pembroke Pines, FL

Zip

33028

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2001

5. FEI Number

65-1136888

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

Magally Guerrero

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

2022 NW 145th Avenue

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

Magally Guerrero

REGISTERED AGENT MUST SIGN

Date *April 25, 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 Officers and/or Director	City/State/Zip
P,T,D	Cristian Castaneda	2022 NW 145th Avenue	Pembroke Pines, FL 33028
VP,S,	Magally Guerrero	2022 NW 145th Avenue	Pembroke Pines, FL 33028

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:

MAGALLY GUERRERO
Magally Guerrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 25, 2003 954-450-8739

Daytime Phone #

2/9/30