PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
~~REINSTATEMENT~~

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

FILED
04 JAN -9 PM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008496

1. Corporation Name

MOGL ENTERTAINMENT, INC.

12/26/03 01078-007 150.00

2. Principal Office Address	3. Mailing Office Address
407 LINCOLN ROAD SUITE 500	
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State
Zip: 33139 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 02-0536420 ☐ 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: CORPORA DOMINIQUE

Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN ROAD SUITE 500

Suite, Apt. #, Etc.:

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: Dominique Corpora Date: 12-23-03
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
PD	CORPORA DOMINIQUE	407 LINCOLN ROAD SUITE 500	MIAMI BEACH, FL 33139

000025777160
12/26/03--01078--007 **150.00

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: Dominique Corpora 12-23-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.

January 06, 2004

Florida Dept. of State
Division of Corp.
P.O. Box 6327
Tallahassee Fl. 32314

Ref: Mogl Entertainment, Inc.
407 Lincoln Road suite 500
Miami Beach, FL. 33139
P02000008496

To Whom It May Concern,

Please note that the above tax payer did not receive any of the annual reports. Since the address is incorrect has suite 5B and not 500.

If you have any questions, please do not hesitate to contact the undersigned.

Thank you for your time.

Respectfully,

George L. Brito
Brito & Brito Accounting