PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012735

1. Corporation Name
Luciano Productions inc

11/10/03 01069025 150.00

2. Principal Office Address	3. Mailing Office Address
852 Jefferson Ave	852 Jefferson Ave
Suite, Apt. #, etc.: Suite 7	Suite, Apt. #, etc.: Suite 7
City & State: Miami Beach, Fl	City & State: Miami Beach, Fl
Zip: 33139 Country: U.S.	Zip: 33139 Country: 33139

4. Date Incorporated or Qualified To Do Business in Florida: 02/04/03

5. FEI Number: 16-1654331 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jacques Milhomme

Street Address (P.O. Box Number is Not Acceptable): 1607 Michigan Ave

Suite, Apt. #, Etc.: #7

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 _____ Date 12/04/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/92)

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/M	Jacques Milhomme	1607 Michigan Ave #7	Miami Beach,Fl. 33139
P	Schadrac Milhomme	852 Jefferson Ave #7	Miami Beach,Fl. 33139
VP	Eric Williams	852 Jefferson Ave #7	Miami Beach,Fl. 33139
S	Jullian Boothe	850 Jefferson Ave #2	Miami Beach,Fl. 33139
T	Beliard Fertile	4755 N.W. 5th Ave	Miami Beach,Fl. 33139
			Miami,Fl. 33127

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: _____ 12/04/03 305-674-8729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #