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 CORPORATION

04 JUL 19 PM 2: 12

DOCUMENT # P02000041557

1. Corporation Name

J & E Productions INC.

2. Principal Office Address
2765 W 60 PL

Suite, Apt. #, etc.
102

City & State
Hialeah FL

Zip
33016

Country
U.S.A

3. Mailing Office Address
PO BOX 55-7715

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33255

Country
U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 4/17/2002

5. FEI Number 383647531 | 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
Eda Felix

Street Address (P.O. Box Number is Not Acceptable)
7085 W. 4 Ave.

Suite, Apt. #, Etc.

City
Hialeah

State
FL

Zip Code
33012

100033301111
07/19/04--01033--002 **30?.00

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 7/15/04.

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
VP	Itzel M. Lozada	2765 W 60 PL #102 MIA. FL 33016	miami FL 33016

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

7-15-04   (305) 336-7178
Date   Daytime Phone #

CR2E081 (01/04)