2004 FOR PROFIT CORPORALION REINSTATEMENT

DOCUMENT # P02000045396 1. Entity Name FERNANDO HIDALGO PRODUCTIONS INC.						FILED				
Principal Place of Business Mailing Address					04 OCT 29 PM 2: 00					
12840 B. BAYSHORE DRIVE 1820 JAMES AVE 2B NORTH-MIAMI, FL 33181-2427 * 1837 27 Apr MIAMI BEACH, FL 33139			30		SECRETARY OF STATE					
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<u> </u>									A11H	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.							
					10202004	REIN-P	CR2E098 (6	3/04)		
City & State		City & State			4. FEI Numbe				lied For	
Zip Country		Zip Coun			30-01000				Applicable	
Σ . μ	Country	Ζ.ιρ	Count	ıy	5. Certificate of Status Desired See Require					
6. Name	Registered Agent			7. Name and	Address of New R	egistered Agent				
Name										
VALIDO, FELIX M 1820 JAMES AVENUE APT. 2B				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH, FL		•	-							
		ļ								
			City			FL Zi	ip Code			
8. The above named entit	y submits this statement f	or the purpose of changing its		d office or registe	red agent, or bo	th, in the State of Flo	rida. 1 am familia	r with, a	and accept	
the obligations of regis	tered agent.		Ü	~					·	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00						In accordance v corporation did				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE D	TITLE		E)	000423	u >> 兄8	hange	Addition			
·····				ET ADDRESS	10/29	3/0401 0 49-	006 **1	 58. 7	'ς	
CITY-ST-ZIP NORTH MIAMI, FL. 331812427				ST-ZIP				~~ " "	•	
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NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
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NAME		Dollate	NAME			10.1/2		.ie.igo		
STREET ADDRESS			STREE	ET ADDRESS		Hill				
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TITLE		☐ Delete	MILE	ľ		•		Change	Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby certify that the	ne information supplied wi	th this filing does not qualify for	or the exer	mption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certify the	at the in	formation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as sequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attachment with an address, with all other like empowered										
SIGNATURE:	× // ///	audo II	r d'i	WX)	101	125/04				
SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #										
•	///	- • •	6	_						