

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 17 PM 2:07

DOCUMENT # P03000013660

1. Corporation Name

MiamiLA Entertainment, Inc.  
TID: 16-1654715

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

300098010299

04/23/07--01038--008 \*\*1200.00

**REINSTATEMENT** 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

8000 NW 25TH ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

Miami - FLORIDA

City & State

Zip

33122

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/07

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALVARO ALBARRACIN

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

8000 NW 25TH ST

Suite, Apt. #, Etc.

#200

City

Miami

State  
FL

Zip Code  
33122

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

04/08/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| CEO    | ALVARO ALBARRACIN                    | 8000 NW 25TH ST #200                              | Miami - FL - 33122 |
| VP     | MARTA ROCA                           | 8000 NW 25TH ST #200                              | Miami - FL - 33122 |
|        | <i>[Signature]</i>                   |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 contained in Chapter 119, 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:

ALVARO ALBARRACIN

04/08/07

(95A) 245-5810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #