

1042

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
07 FEB 22 AM 10:55

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P03000091818
1. Corporation Name
Miami Sunshine Studios Inc.

500089572485
02/27/07--01012--027 **450.00

REINSTATEMENT 05-07

2. Principal Office Address <u>14814 S.W. 67 lane</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>Miami Florida</u>		City & State	
Zip <u>33193</u>	Country <u>MIAMI-DADE</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>08/21/2003</u>	
5. FEI Number <u>32-0106959</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 18.75 A fee of \$18.75 is required for a Certificate of Status.	

7. Name and Address of Current Registered Agent

Name
Idalberto G. Richardson

Street Address (P.O. Box Number is Not Acceptable)
14814 S.W. 67 lane

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33193

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 X [Signature] REGISTERED AGENT MUST SIGN

Date 02/21/07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PDV</u>	<u>Idalberto G. Richardson</u>	<u>14814 S.W. 67 lane</u>	<u>Miami, FL 33193</u>

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(9)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/21/07 Date Daytime Phone #

CR2E001 (08/07)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



IDALBERTO G. RICHARDSON
PRESIDENT