

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 CORPORATIONS

37 DEC 12 PM 3:56

DOCUMENT # D03000134712

1. Corporation Name

La Familia Entertainment, Inc

900113083779  
12/12/07--01048--010 \*\*1208.75

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

46 NW 36 ST

Suite, Apt. #, etc.

#6

City & State

Miami

Zip

33127

Country

U.S.A

3. Mailing Office Address

46 NW 36 ST

Suite, Apt. #, etc.

#6

City & State

Miami

Zip

FL 33127

Country

U.S.

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2003

5. FEI Number

26-1513079

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Diana Janny

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

46 NW 36 ST #6

Suite, Apt. #, Etc.

Ste #6

City

Miami

State

FL

Zip Code

33127

☐ 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

Diana Janny

REGISTERED AGENT MUST SIGN

Date 12-03-2007

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
MG	Juan Soto	9 Island Avenue	Miami Beach, Fl. 33139

B 12/10/07

REINSTATEMENT 04-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/07

Date

786-226-5881

Daytime Phone #