

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 JUN -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600130926266
06/05/08--01044--003 **450.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 05000048717

1. Corporation Name

Fifth Movement Productions

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

9260 SW 166 St

Suite, Apt. #, etc.

3. Mailing Office Address

9260 SW 166 St

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/30/05

5. FEI Number

20-2625745

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

Nick Bonheur

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

9260 SW 166 St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Nick Bonheur

REGISTERED AGENT MUST SIGN

Date

5/9/08

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
<u>PAS</u>	<u>HAROLD CLARKE BUTLER</u>	<u>9260 SW 166 St</u>	<u>MIAMI, FL 33157</u>
<u>VP/ST</u>	<u>Nick Bonheur</u>	<u>9260 SW 166 St</u>	<u>MIAMI, FL 33157</u>

REINSTATEMENT
06-08

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:

Nick Bonheur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/08

Date

786-227-1806

Daytime Phone #