


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 27 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P05000077196			
<b>1. Corporation Name</b>  GREEN LIGHT STUDIOS, INC.			
<b>2. Principal Office Address</b> 631 13 ST. Suite, Apt. #, etc. # 10 City & State MIAMI BEACH FL. Zip 33139 Country USA		<b>3. Mailing Office Address</b> 631 13 ST. Suite, Apt. #, etc. # 10 City & State MIAMI BEACH FL. Zip 33139 Country USA	

REINSTATEMENT

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<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	05-26-2005
<b>5. FEI Number</b>	20-2911924
<b>6. CERTIFICATE OF STATUS DESIRED</b>	<input type="checkbox"/> <b>39.75 Additional Fee required for a Certificate of Status</b>

<b>7. Name and Address of Current Registered Agent</b>	
Name EFREN CARRANZA	
Street Address (P.O. Box Number is Not Acceptable) 631 13 ST.	
Suite, Apt. #, Etc. # 10	
City MIAMI BEACH	State FL
	Zip Code 33139

<b>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.</b>	
Signature of Registered Agent EFREN CARRANZA	Date 10-20-2006

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	EFREN CARRANZA	631 13 ST.	MIAMI BEACH, FL. 33139

<b>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.</b>			
<b>SIGNATURE:</b> EFREN CARRANZA	<b>10-20-2006</b>	<b>(786) 3266076</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

10/31  
av