

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -2 PM 12:23

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P0600000 7332

1. Corporation Name

TAKE ONE Productions U.S.A. INC.

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

3550 GALT Ocean Dr.

Suite, Apt. #, etc.

203

City & State

Fort Lauderdale - FL

Zip

33308

Country

USA

3. Mailing Office Address

3550 GALT Ocean Dr.

Suite, Apt. #, etc.

203

City & State

Fort Lauderdale - FL

Zip

33308

Country

USA

800171379878

03/05/10--01043--024 **458.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01-17-06

5. FEI Number

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

Luiz Fernando Vasconcellos

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

3550 GALT Ocean Dr.

Suite, Apt. #, Etc.

203

City

Fort Lauderdale

State

FL

Zip Code

33308

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 03-02-10

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 |
|--------|--------------------------------------|---|-------------------------------|
| P | Luiz F Vasconcellos | 3550 Galt Ocean Dr. 203 | Fort Lauderdale - FL 33308 |
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REINSTATEMENT

08-10

[Signature]

10. E-mail Address: Fernando.usa@live.com

(To be used for future annual report notification)

11. 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. I further certify, 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]

03-02-10 (726)
226-1102