

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 18 PM 12: 52

DOCUMENT # P06000057002

1. Corporation Name

Shok'd Monkey Films, Inc

600156105166
05/18/09--01006--006 **450.00

REINSTATEMENT 07-09KS

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

955 Hyperion Ave

3. Mailing Office Address

955 Hyperion Ave

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

90029

Country

USA

Zip

90029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 2006

5. FEI Number
20-4737081

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

Andrea Franco

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

1200 West Ave

Suite, Apt. #, Etc.

Apt 927

City

Miami Beach

State

FL

Zip Code

33139

☒ 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

Date April 29, 2009

REGISTERED AGENT MUST SIGN

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	ANDREA FRANCO	1200 WEST AVE. APT. 927	MIAMI, FL 33139
			600156105219 05/18/09--01006--007 **8.75

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:

Andrea Franco

April 29, 2009

786-281-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #