2008 FOR PROFIT CORPORATION REINSTATEMENT

| | | 142111017 | | | | · · · · · · · · · · · · · · · · · · · | | • | | | | |
|--|---|------------------------------|---|------------------------|---------------|---|---|--|--------------------|-------------------|--------------------|---------------------------|
| DOCUMENT # P06000117578 1. Entity Name | | | | | | | | | | | | |
| WALTHOUR-ROLLE PRODUCTIONS, INC. | | | | | | | | 08 NOV 12 PH 1:05 | | | | |
| | | | | | | | | | 001107 12 | 111 1 | • 60 | |
| Principal Place | | s | Mailing Address | | | | | | LLAHASS | | 10° 13. | |
| 19230 NW 23RD AVE. Miami Gardens, FL 33056 | | | 19230 NW 23RD AVE. Miami Gardens, FL 33056 | | | | | LELAHASSEE, rEUNIDA | | | | |
| | | | | | | | | | | | OBTI BIEN ITEN (BI | |
| 2. Principal P | lace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | - | 10142008 | REIN-P | CR2I | E098 (1/07) | |
| City & State | | | City & State | | | | | 4. FEI Numbe 20-559 | | | | plied For t Applicable |
| Zíp | Country | | | Zip Cou | | | 5. Certificate of Statu | | | X | \$8.75 Add | |
| 6. Name and Address of Current I | | | Registered | legistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| ROLLE, WILSON JR. | | | | | | | Name ROLLE, JR., WILSON | | | | | |
| 19230 NW | 23RD AV | / E. | | | | Street Address (P.O. Box Number is Not Acceptable) 19230 NW 23 AVENUE | | | | | | |
| MIAMI GA | RDENS, F | | | | | 13230 MAA VS VAEMOR | | | | | | |
| | | | Δ | | | City N | y MIAMI GARDENS | | | FL Zip Code 33056 | | |
| 8. The above named entity submits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | |
| The later was a second | | | | | | | | | | | | |
| SIGNATURE WILSON ROLLE, JR. Signature, typed or printed name of (gistered agent and him if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | DATE | Δ | |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior no | | | | | | | | | | | | |
| 10. | | OFFICERS AND | | RS | 11. | | | ADDITIONS/ | CHANGES TO OFF | ICERS AN | D DIRECTORS | S IN 11 |
| TITLE | PD | | | ☐ Delete | TITL | | PD | - | | | hange | Addition |
| NAME STREET ADDRESS | ROLLE, WILSON JR. 19230 NW 23RD AVE. | | | | NAM | ie Eet address | ROLLE, JR., WILSON 19230 NW 23 AVENUE | | | | 7 | , |
| CITY-ST-ZIP | MIAMI GA | ARDENS, FL 33056 | (| | | r-ST-ZIP | | IAMI GARDENS, FLORIDA 33056 | | | | |
| TITLE NAME | VD WALHOU | ☐ Delete | | NAME WALTHOUR-ROLLE, V | | | VERNIA | | hange | ☐ Addition | | |
| STREET ADDRESS | 19230 NV | V 23RD AVE. | | s | | EET ADDRESS | 19230 NW 23 AVENUE | | | , | | |
| City-St-ZIP | MIAMI GA | TITL | | | GARDENS, F | LORIDA 33056 | | hanne | ☐ Addition | | | |
| TITLE NAME | | | | | | ic AE | TD WALT | WALTHOUR, LATASHA | | | | Roullon |
| STREET ADDRESS CITY-ST-ZIP | 505 NW 177TH ST., APT. 103 MIAMI GARDENS. FL 33169 | | | | | eet address (-st-zip | | 19230 NW 23 AVENUE MIAMI GARDENS, FLORIDA 33056 | | | | |
| TITLE | 10.10.00 | | | ☐ Delete | TITL | .E | | <u> </u> | | | ☐ Change | Addition |
| NAME Street address | | | | | NAM STDS | me Eet address | | 60 | 001378 /0801039 | 35,35 | 936, | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | | 11/12 | /0801039 | 012 | **158. | <i>(</i> 5 |
| TITLE | Ì | | | ☐ Delete | TΠξ | | | | - | | Change | Addition |
| NAME Street address |] | | | | NAM Stri | al Eet address | | | | | | i |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | , TITL NAM | | : | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS |] | | | | | EET ADDRESS Y-ST-ZIP | | | | | | |
| CITY-ST-ZIP | certify that th | ne information supplied with | n this filina | does not qualify fo | - 100 00 | | ontainec | d in Chapter 119 | Florida Statutes. | I further ce | ertify that the in | nformation |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered. | | | | | | | | | | | | |
| SIGNATURE: | | | | | | | | | | | | 55 |
| J. J. 1771 | | SIGNATURE AND TYPES OR | PRINTED NAM | E OF SIGNING OFFICER | | | | | Date | | Daytime Phone # | |