

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000117578 1. Entity Name WALTHOUR-ROLLE PRODUCTIONS, INC.						<div style="font-size: 24px; opacity: 0.5;">FILED</div> <div style="font-size: 18px; margin-top: 5px;">08 NOV 12 PM 1:05</div> <div style="font-size: 14px; margin-top: 5px;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 19230 NW 23RD AVE. MIAMI GARDENS, FL 33056				Mailing Address 19230 NW 23RD AVE. MIAMI GARDENS, FL 33056			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				10142008 REIN-P CR2E098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-5595475				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLLE, WILSON JR. 19230 NW 23RD AVE. MIAMI GARDENS, FL 33056				7. Name and Address of New Registered Agent Name ROLLE, JR., WILSON Street Address (P.O. Box Number is Not Acceptable) 19230 NW 23 AVENUE City MIAMI GARDENS FL Zip Code 33056			
8. The above named entity submits this statement 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.							
SIGNATURE				WILSON ROLLE, JR. 10/29/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLE, WILSON JR. 19230 NW 23RD AVE. MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLE, JR., WILSON 19230 NW 23 AVENUE MIAMI GARDENS, FLORIDA 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALHOUR-ROLLE, VERNIA 19230 NW 23RD AVE. MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTHOUR-ROLLE, VERNIA 19230 NW 23 AVENUE MIAMI GARDENS, FLORIDA 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALHOUR, LATASHA T 505 NW 177TH ST., APT. 103 MIAMI GARDENS, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTHOUR, LATASHA 19230 NW 23 AVENUE MIAMI GARDENS, FLORIDA 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:				WILSON ROLLE, JR. 10/29/08 (305)303-8955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

11300