

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 29, 2016 08:00 AM
Secretary of State

DOCUMENT # P15000009658

1. Corporation Name

SHUTTER VAULT PRODUCTIONS INC

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

5431 W 19TH AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

USA

3. Mailing Office Address

5431 W 19TH AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

USA

000293728930
12/29/16--01018--013 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/01/2015

5. FEI Number

47-2978377

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RIVERO, KEVIN

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

5431 W 10TH AVE

Suite, Apt. #, etc.

City

HIALEAH

State

FL

Zip Code

33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Date **12/27/2016**

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	RIVERO, KEVIN	5431 W 10TH AVE	HIALEAH, FL 33012

10. E-mail Address: **kevin@shuttervaultproductions.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2016

(305) 608-6884