PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044771

1. Corporation Name

RED BOX STUDIO, INC.

Principal Place of Business	Mailing Address
10002 SW 77TH CT MIAMI FL 33156	10002 SW 77TH CT MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996 mwB 1/6/97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2627 NW 33 ST	2627 NW 33 ST
Suite, Apt. #, etc.: #2209	Suite, Apt. #, etc.: #2209
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33309 Country: US	Zip: 33309 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1993

5. FEI Number: 65-0418255 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required with Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LOPEZ, VALERIE L	~~10002 SW 77TH CT~~ 2627 NW 33 St, #2209	~~MIAMI FL 33156~~ Ft. Lauderdale, FL 33309
			300002048523--8
			-01/07/97--01113--005
			****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOPEZ, VALERIE L 10002 SW 77TH CT MIAMI FL 33156	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 2627 NW 33 STREET Suite, Apt. #, Etc.: #2209 City: FT LAUDERDALE State: FL Zip Code: 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: DEC 30, 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: [signature] VALERIE L. LOPEZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: DEC 30 96 — Daytime Phone #: 954 527-0330

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