PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
01 AUG 14 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087878

1. Corporation Name: SPLASH ENTERTAINMENT, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
5922 S. Dixie Highway	7600 West 18th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S. Miami, Florida 33143	City & State: Hialeah, Florida 33139
Zip: 33143 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/1994

5. FEI Number: 65-0552512 ☐ 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: Steven M. Pena, Esquire

Street Address (P.O. Box Number is Not Acceptable): 7700 North KendallDrive

Suite, Apt. #, Etc.: Suite 408

City: MIAMI State: FL Zip Code: 33156

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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: Steven Pena Date: 8/13/2001
REGISTERED AGENT MUST SIGN

CR2E031 (5/99)

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
DWT	Anthony Jackowitch	7600 West 18th Lane	Hialeah, Fl33139
DVS	Dale Simmonds	5922 So. Dixie Highway	Miami, Fl33143

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 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: ANTHONY JACKOWITCH, Press 8/13/2001 305-673-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #