PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION , Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P95000021149 99 SEP 20 AH 11: 58 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MDA Studios, Inc. 1721 NW 79 Avenue Miami, F1 33126 Principal Place of Business Mailing Address 13000 SW 106 St 1721 NW 79 Avenue Miami, F1 33126 Miami, F1 33186 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 03-15-1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0577303 City & State City 8 State Not Applicable \$8.75 Additional Fee required for a Certificate of St. Fus Country Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) Pres/ Treas Jorge Rendic 13000 SW 106 St. Miami,F1 33186 V.P./ Treas Maria T Vasquez 13000 SW 106 St. Miami,Fl 33186 REINSTATEMENT 9 <u> 100002996601--6</u> -09/24/99--01075--007 ***1050,00 ***1050.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Jorge Rendic Street Address (P.O. Box Number is Not Acceptable) 13000 SW 106 St. Miami, F1 33186 Suite, Apt. #, Etc. Zip Code City State 10. It being appointed the legistered abent of the am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Hegistered Agent Date 9-17-99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No 🖾 Intangible Personal Property Tax due June 30. 12 | 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 filling 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 field easo 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGN