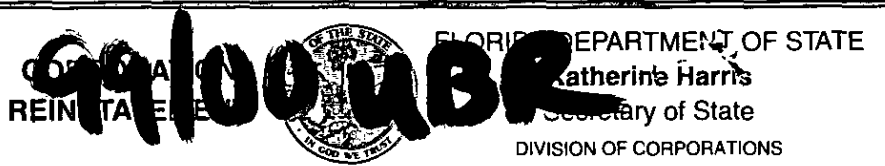


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 18 PM 12:56

DOCUMENT #

P96000023017

1. Corporation Name

LAZAGA ENTERTAINMENT, INC.
601 WASHINGTON AVE.
MIAMI BEACH FL. 33139

2. Principal Office Address

601 Washington ave.

3. Mailing Office Address

235 n.w. 25th st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach fl.

City & State

Miami Fl.

Zip

33139

Country

USA

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

?

5. FEI Number

65-0657492

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

Juan Lazaga

600003343806-4

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

9811 s.w. 146 pl.

-08/02/00--01049--003

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Juan Lazaga

REGISTERED AGENT MUST SIGN

Date 6/11/00

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

Pres. Robert Lazaga

9815 s.w. 146 pl.

Miami Fl. 33186

Dir. Juan Lazaga

9811 s.w. 146 pl.

Miami Fl. 33186

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:

Juan Lazaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN LAZAGA

Dir. 6/11/00

Date

Daytime Phone #

305 571 8690

CR2E081 (9/99)