

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000053735**

1. Corporation Name

Tantra Productions, Inc.

2. Principal Office Address

1445 Pennsylvania Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

1445 Pennsylvania Avenue
Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

Country

33139 US

City & State

Miami Florida

Zip

Country

33139 US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 24, 1996

5. FEI Number

65-0676585

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

LEONARDO GONZALEZ

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

461 NW 98 CT

Suite, Apt. #, Etc.

City

MIAMI

**State
FL**

Zip Code

33172

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date **6/8/2000**

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
President	Leonardo Gonzalez	461 NW 98 Court	Miami, FL 33132
Vice President	Timothy Hogle	1111 Lincoln Rd #375	Miami Beach FL 33139
Secretary	Susan Gonzalez	461 NW 98 Court	Miami FL 33172
Treasurer			

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

305 673-1126

Daytime Phone #

KE

CR2E081 (9/99)