

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -7 PM 1:43

DOCUMENT #

P97000004788

1. Corporation Name

INDIGO ENTERTAINMENT, INC.

2. Principal Office Address

215 S.W. 117 Terrace

Suite, Apt. #, etc.

#107

City & State

Pembroke Pines

Zip

33025

Country

U.S.A.

3. Mailing Office Address

215 S.W. 117 Terrace

Suite, Apt. #, etc.

#107

City & State

Pembroke Pines

Zip

33025

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/97

5. FEI Number

65-0732742

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

Orlando Arrom

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

10556 N.W. 26 Street

Suite, Apt. #, Etc.

Suite 203

City

Miami

108804315251 -- 0  
-05/24/01--01042--029  
\*\*\*\*\$00.00 \*\*\*\*\$00.00

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

REGISTERED AGENT MUST SIGN

Date 3/10/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D/P/S	Gustavo Camacho	215 S.W. 117 Terrace #107	Pembroke Pines, FL 33025

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO CAMACHO

Date

3/11/2001 954-4319880

Daytime Phone #

CR2E081 (9/00)

***Indigo Entertainment, Inc.  
215 S.W. 117 Terrace, #107  
Pembroke Pines, FL 33025***

April 20, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Indigo Entertainment, Inc.  
Document # P7000004788  
Corporation Reinstatement

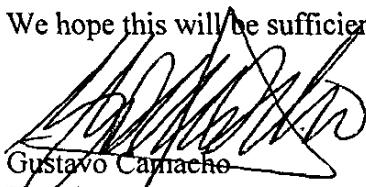
Dear Sirs:

To our great dismay we recently discovered that our corporation had been  
"Administratively Dissolved" for non-payment of the annual corporate fees.

After we researched the problem we discovered that what had occurred was that since we  
incorporated in 1997 we had never received any annual corporate report forms because  
the address listed on our incorporation documents was incorrect.

Pursuant to the instructions we received from one your employees on the telephone we  
are enclosing a check for \$600 and a completed reinstatement form.

We hope this will be sufficient to resolve this matter.

  
Gustavo Camacho  
President