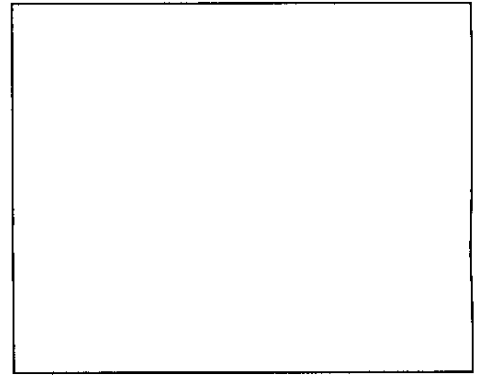


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000031285					
1. Corporation Name LAZY EYE PRODUCTIONS, INC.					
2. Principal Office Address 2603 N.W. 13th St.		3. Mailing Office Address c/o Daniel Frattali		900067965869 03/16/06--01013--002 **1800.00 CR2E081 (12/05)	
Suite, Apt. #, etc. PMB 375		Suite, Apt. #, etc. 9229 Sunset Blvd. #414		4. Date Incorporated or Qualified To Do Business in Florida 04/07/97	
City & State Gainesville, FL		City & State Los Angeles, CA		5. FEI Number 59-3428960 Applied For Not Applicable	
Zip 32609	Country U.S.A.	Zip 90069	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED ☒ 59.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name REGISTERED AGENT SOLUTIONS, INC.					
Street Address (P.O. Box Number is Not Acceptable) 1333 N. Duval St.					
Suite, Apt. #, Etc.					
City Tallahassee				State FL	Zip Code 32303
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 <u>Sandra Linares, Asst. Secretary</u> Date <u>3/9/06</u> REGISTERED AGENT/MUST SIGN					
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	
D/P	Joaquin Phoenix	2603 N.W. 13th St., PMB 375		Gainesville, FL 32609	
D/S/T	Arlyn Phoenix	2603 N.W. 13th St., PMB 375		Gainesville, FL 32609	
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 contained in Chapter 119, 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: <u>Joaquin Phoenix</u>		Date <u>3/7/06</u>		(310) 777-6555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILE 1ST

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PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. LAZY EYE PRODUCTIONS, INC.

CK# 2123

AMOUNT \$1800.00

PLEASE FILE THE ATACHED REINSTATEMENT& RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

RECEIVED
06 MAR -9 PM 2:29
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials