PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -9 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031285

1. Corporation Name

LAZY EYE PRODUCTIONS, INC.

1999-2006

900067965869
03/16/06--01013--002 **1800.00
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2603 N.W. 13th St.	c/o Daniel Frattali
Suite, Apt. #, etc.: PMB 375	Suite, Apt. #, etc.: 9229 Sunset Blvd. #414
City & State: Gainesville, FL	City & State: Los Angeles, CA
Zip: 32609 Country: U.S.A.	Zip: 90069 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/97

5. FEI Number: 59-3428960 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional For Certified Copy

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: Sandra Linares, Asst. Secretary Date: 3/9/06
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: Joaquin Phoenix 3/7/06 (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
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials