PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 28 AM 9:01

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1. Corporation Name

LE CREOLE PRODUCTIONS, INC.

REINSTATEMENT 01-03

2. Principal Office Address		**3.** Mailing Office Address	
1484 E. Hallandale Beach Blvd.		420 NE 12th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt 403	
City & State Hallandale Beach FL		City & State Hallandale Beach FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/02/1997

5. FEI Number 650754567 — 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: MALERBA, JOHN J EA

Street Address (P.O. Box Number is Not Acceptable): 1918 HARRISON ST #204

Suite, Apt. #, Etc.:

City: HOLLYWOOD — State: FL — Zip Code: 33020

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: Malerba John — Date: 01/15/03

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
PD	MICHEL F. JACQUES	420 NE 12th Avenue Apt 403	Hallandale Beach FL 33009

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: _____ 1/15/03 — 954-394-3159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #