

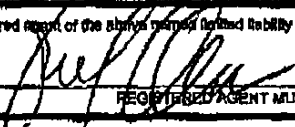
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000023343					
1. Limited Liability Company's Name LATIN AMERICA DUBBING, INC.					
2. Principal Office Address - No P.O. Box # 11011 SHERIDAN ST			3. Mailing Office Address 5805 BLUE LAGOON DR		
Suite, Apt. #, etc. STE 314			Suite, Apt. #, etc. STE 200		
City & State HOLLYWOOD, FL			City & State MIAMI, FL		
Zip 33026-1532		Country USA		Zip 33126	
		Country USA			
4. Name and Address of Current Registered Agent					
Name AG CORPORATE SERVICES, LLC					
Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR.					
Suite, Apt. #, Etc. STE 200					
City MIAMI		State FL		Zip Code 33126	
5. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.					
Signature of Registered Agent 				Date 09/05/2007	
REGISTERED AGENT MUST SIGN					
6. Name and Street Address of Managing Member/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
PD	RENE SALINAS	5805 BLUE LAGOON DR STE 200		MIAMI, FLORIDA, 33126	
7. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 				Date 5 SEP 07	
Typed or printed name of signing Managing Member/Manager Rene Salinas				Daytime Phone # 305 449 2847	

REINSTATEMENT

FLORIDA

8. Date Organized or Qualified To Do Business in Florida
03/12/19999. EIN Number
650904996Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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B. Mitchell OCT 1 2007

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Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

LATIN AMERICA DUBBING, INC.

Certificate of Status	0
Certified Copy	0
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