1 of 2

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

07 OCT -1 AM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/07)

DOCUMENT # P99000023343

1. Limited Liability Company's Name

LATIN AMERICA DUBBING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11011 SHERIDAN ST	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. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/12/1999

6. FEI Number: 650904996 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. 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

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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 09/05/2007

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	RENE SALINAS	5805 BLUE LAGOON DR STE 200	MIAMI, FLORIDA, 33126

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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: [signature] Date: 5 SEP 07 Daytime Phone #: 305 448 2842

Typed or printed name of signing Managing Member/Manager: René Salinas

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B. Mitchell OCT 1 2007

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

LATIN AMERICA DUBBING, INC.

Certificate of Status	0
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Page Count	02
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