TOTAL P.01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P99000047203

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047203

1. Corporation Name

La Luna Productions, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1818 West Flagler Street	1818 West Flagler Street
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: USA	Zip: 33135 Country: USA

SP

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1003539 ☐ 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: Cesar R. Camacho, Esq.

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-03/13/01--01096--002
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 240 East Flagler Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33135

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 _____ Date _____
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
PSD	Elizabeth Joy Dascal	1818 West Flagler Street 2nd Floor	Miami, Florida 33135

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: Elizabeth Dascal 3-5-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.01/01 ENTIRE CONFIRMATION

La Luna
++++ Productions

Pg 2 of 2

February 8, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Reinstatement of La Luna Productions, Inc.

To Whom It May Concern:

I would like to request that the late fees pertaining to the reinstatement of La Luna Productions, Inc., please be waived. Neither I or my agent ever received the paperwork that is sent out by your offices prior to expiration.

Please remit all future correspondence pertaining to filing of this corporation to my agent, Cesar R. Camacho, Esq., at 240 East Flagler Street, Miami, Florida 33131

Thank you for your attention to this matter.

Sincerely,

Elizabeth Dascal

Elizabeth Dascal
La Luna Productions, Inc.
President

1818 West Flagler St. 2nd Floor Miami, FL 33135
Tel: 305.643.9341 / Fax: 305.649.3545
www.lalunaproductions.com