

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000065927

1. Corporation Name

GOOD LUCK PRODUCTIONS, INC.

Principal Place of Business Mailing Address
815 PONCE DE LEON BLVD., SUITE 202 815 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134 CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

607 OCEAN DRIVE, #5-J Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Key Biscayne, FL Zip Country

33149 U.S.A.

FILED

04 MAR 30 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

100025172401

12/03/03--01007--028 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 07/26/1999

5. FEI Number 65-1087418 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☐ \$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
2	AGUILERA, GUIDO A	815 PONCE DE LEON BLVD	CORAL GABLES FL 33134
P/S/D/	ALFREDO FRAILE	815 Ponce de Leon Blvd.	Coral Gables, FL 33134
D	ANDRES FRAILE DE LA HERRAN	815 Ponce de Leon Blvd.	Coral Gables, FL 33134

100025172401

03/31/04--01019--032 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGUILERA, GUIDO A
815 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

Name
GUIDO A. AGUILERA
Street Address (P.O. Box Number is Not Acceptable)
607 Ocean Drive, #5-J
Suite, Apt. #, Etc.
City Key Biscayne State FL Zip Code 33149

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. 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: x

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #