PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

CORPORATION REINSTATEMENT

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

01-02486R

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 22 PM 4:00

DOCUMENT # P99000109530

1. Corporation Name
Shock Limit Video Inc.

2. Principal Office Address	3. Mailing Office Address
7884 N.W 52nd St.	3899 N.W 7th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite #203
City & State	City & State
Miami Fla	Miami Fla
Zip / Country	Zip / Country
33166 / U.S.A	33126 / U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0969461 ☐ 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: ALEXIS PIEDRA

100004880011--3
-02/05/02--01037--001
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 7884 N.W 52nd St

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33166

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 X _____ Date 01/17/02
REGISTERED AGENT MUST SIGN

CR2E081 (6/00)

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
P.S.T	ALEXIS PIEDRA	7884 N.W 52nd St.	Miami - Fla 33166

AD

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: X _____ 01/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01/17/02

TO: DEPARTMENT of CORPORATIONS

Subject: ANNUAL REPORT 2001
SHOCK LIMIT VIDEO INC.

AS PER CONVERSATION with your department in which we stated that we never received the annual report for the year 2001 and for that reason the fees will be waived. ENCLOSE find our reinstatement report including the fee for 2001 and 2002 for $300.00 as agreed to reinstate the Corporation.
SORRY for any inconvenience we could have caused.

Sincerely yours
ALEXIS PIEDRA