PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY 31 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

100005763551--7
-06/12/02--01069--005
****317.50 ****308.75

DOCUMENT # P99000109839

1. Corporation Name

SEINY PRODUCTIONS, INC.

2. Principal Office Address	3. Mailing Office Address
4149 BONITA AVE.	4149 BONITA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE, FLORIDA	City & State: COCONUT GROVE, FLORIDA
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/99

5. FEI Number: 65-0970579 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: LUCIANA PETROCCHI

Street Address (P.O. Box Number is Not Acceptable): 4149 BONITA AVE.

Suite, Apt. #, Etc.:

City: COCONUT GROVE State: FL Zip Code: 33133

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 Luciana Petrocchi Date: 4/30/02
REGISTERED AGENT MUST SIGN

CR2E031 (rev01)

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	LUCIANA PETROCCHI	4149 BONITA AVE.	COCONUT GROVE, FL 33133
VP	ANTONIO FERREIRA CA COSTA NETO	4149 BONITA AVE.	COCONUT GROVE, FL 33133
			201.25-AR
			10.00-ARARTS
			88.75-ACSRP
			18.75-Cert

10. I certify that I am an officer or director of 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: LUCIANA Petrocchi Luciana Petrocchi 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/30/02