PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S02197

1. Corporation Name

ZARABANDA PRODUCTION, INC.

Principal Place of Business	Mailing Address
4400 ISLAND RD. BAY POINT MIAMI FL 33137 US	4400 ISLAND RD. BAY POINT MIAMI FL 33137 US

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

REINSTATEMENT 96 CD

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5101 Collins Ave	5101 Collins Ave.
Suite, Apt. #, etc.: suite 3R	Suite, Apt. #, etc.: suite 3R
City & State: Miami Beach, FL	City & State: MiamiBeach, FL
Zip: 33140 Country: Dade	Zip: 33140 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1990

5. FEI Number: 65-0225527 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	CHIRINO, WILFREDO	4400 ISLAND RD., BAY POINT	MIAMI FL 33137

200001998602--3
-11/07/96--01020--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

COSME J. DE LA TORRIENTE P.A.
2150 CORAL WAY
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: Cosme de la Torriente
Street Address (P.O. Box Number is Not Acceptable): 155 SW 25 Rd.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33129

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.

Signature of Registered Agent: Cosme de la Torriente SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 9/19/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 quality 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: SIGNATURE REQUIRED 9/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)