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1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # V46718

1. Corporation Name
D.M. PRODUCTION INC.

REINSTATEMENT 98-02

2. Principal Office Address	3. Mailing Office Address
195-29 NW 55th Circle	Place
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33055 County: Dade	Zip: County:

4. Date Incorporated or Qualified To Do Business in Florida: 6/29/1992

5. FEI Number: 65-0349778 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: ESPERANZA ROJAS

Street Address (P.O. Box Number is Not Acceptable): 195-29 NW 55th Circle Place

Suite, Apt. # Etc.

City: Miami State: FL Zip Code: 33055

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

Signature of Registered Agent: ESPERANZA ROJAS Date: Feb 22, 2002
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
DP	ESPERANZA ROJAS	195-29 NW 55th Circle Place	Miami FL 33055

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 the 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: ESPERANZA ROJAS Feb 22, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

D.M. PRODUCTION INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,350.00