PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 FEB -9 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200143192792
02/09/09--01058--022 **908.75

REINSTATEMENT 08-05
CR2E081 (12/08)

DOCUMENT # V70247

1. Corporation Name

Sony Latin America, Inc

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 5201 Blue Lagoon Drive | | 5201 Blue Lagoon Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 400 | | 400 | |
| City & State | | City & State | |
| Miami, Florida | | Miami, Florida | |
| Zip | Country | Zip | Country |
| 33126 | Miami-Dade | 33126 | Miami-Dade |

4. Date Incorporated or Qualified To Do Business In Florida: 10-12-1992

5. FEI Number: 65-0364558 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Janet Budhu, Asst. Vice President — Date: 2/4/09
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 |
|---|---|---|---|
| Presid | Yoshito Ezure | 5201 Blue Lagoon Drive Ste 400 | Miami, Florida 33126 |
| Secreta | Michael T Williams | 5201 Blue Lagoon Drive Ste 400 | Miami, Florida 33126 |
| VPA s | Stephanie H Roth | 5201 Blue Lagoon Drive Ste 400 | Miami, Florida 33126 |
| SVPT | Mary Green | 5201 Blue Lagoon Drive Ste 400 | Miami, Florida 33126 |
| SVAS | Karen L Halby | 5201 Blue Lagoon Drive Ste 400 | Miami, Florida 33126 |
| | | | |

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 contained in Chapter 119, 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: Yoshito Ezure, President — 2-4-09 — 305 260-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #