

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -6 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400092061094
03/12/07--01002--018 **1500.00

REINSTATEMENT 02-07

CR2E081 (1/07)

DOCUMENT # P01000017906

1. Corporation Name

Age Ticket, Inc.

2. Principal Office Address - No P.O. Box #
5916 NW 52 Street

3. Mailing Office Address
PO Box 970505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs

City & State
Coconut Creek

Zip
33067

Country

Zip
33097

Country

4. Date Incorporated or Qualified To Do Business in Florida **02/16/2001**

5. FEI Number
65-1078790

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
KERLEW, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
2213 EAST ATLANTIC BLVD

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33062

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

REGISTERED AGENT MUST SIGN

Date **March 2, 2007**

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
President	Peter Stuczynski	5916 NW 52 Street	Coral Springs / FL / 33067
Vice President	Gayle Stuczynski	5916 NW 52 Street	Coral Springs / FL / 33067

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:

Peter Stuczynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2007

Date

954-340-9742

Daytime Phone #