

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL -6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000070654

1. Corporation Name

Northeast Florida Entertainment, Inc.

2. Principal Office Address - No P.O. Box #

5133 Soutel Drive

3. Mailing Office Address

P.O. Box 40181

Suite, Apt. #, etc.

Suite # 8

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

City & State

Jacksonville, Fl

Zip

32208

Country

Duval

Zip

32203

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

June 26, 2002

5. FEI Number
03-0460538

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
Anthony Gomes

Street Address (P.O. Box Number is Not Acceptable)
5133 Soutel Dr

Suite, Apt. #, Etc.
Suite #8

City
Jacksonville

State
FL

Zip Code
32208

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

Anthony Gomes
REGISTERED AGENT MUST SIGN

Date 06/30/2009

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/D	Anthony Gomes	5133 Soutel Dr #8	Jacksonville, Fl 32208
D	Minnie Williams	5133 Soutel Dr #8	Jacksonville, Fl 32208
D	Robert Jackson	5133 Soutel Dr #8	Jacksonville, Fl 32208

300158182113
07/06/09--01051--020 ***1058.75

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:

Anthony Gomes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Gomes

06/30/2009

Date

(904) 353-8876

Daytime Phone #