PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -2 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000032322

1. Corporation Name

Suncoast Entertainment Systems, Inc.

~~W06-22600~~

04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2342 Covington Creek Circle West	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32224 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/2003

5. FEI Number: 51-0450076 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: E. Joseph Craig

Street Address (P.O. Box Number is Not Acceptable): 2342 Covington Creek Circle West

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32224

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: Edward Joseph Craig Date: 5-5-06

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
P/VP/T/D	E. Joseph Craig	2342 Covington Creek Circle West	Jacksonville, FL 32224
		$86/8	
		700075207047	
		05/04/06--01043--018 **450.00	

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: E. Joseph Craig 5-5-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #