


# 2008 FOR PROFIT CORPORATION REINSTATEMENT


**FILED**  
08 DEC -1 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000004110</b> 1. Entity Name TREZZA ENTERTAINMENT CORPORATION	
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Principal Place of Business 3389 SHERIDAN STREET, STE. 201 HOLLYWOOD, FL 33021	Mailing Address 3389 SHERIDAN STREET, STE. 201 HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 411 N. New River Dr. East Suite, Apt. #, etc. <b>Suite 2906</b>	3. Mailing Address 411 N. New River Dr. East Suite, Apt. #, etc. <b>Suite 2906</b>
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City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>	City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>
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11242008	REIN-P	CR2E098 (1/07)
4. FEI Number 65-0393698	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 11/25/08 Daytime Phone #: 954-7635935