

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000026056**

1. Corporation Name

**STORM CIRCLE ENTERTAINMENT**

2. Principal Office Address

**15016 SW 139th AVE.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 165053**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33177**

Country

**USA**

City & State

**MIAMI, FLORIDA**

Zip

**33116**

Country

**USA**

**REINSTATEMENT**

03-04

**900028733069**

02/13/04--01035--024 \*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

**03-04-2002**

5. FEI Number

**20-0660130**

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

**MARCOS CASTELLON**

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

**15016 SW 139th AVENUE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33177**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **02/04/04**

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	MARCOS CASTELLON	15016 SW 139th AVE.	MIAMI / FL / 33177

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 under section 119.07(3)(i), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/2004 (305) 298-3502  
Date Daytime Phone #

CR2001 (01/04)

**Storm Circle Entertainment**

**Demacio Castellon**

P.O. Box 165053  
Miami, FL 33116

Phone: (305)-298-3502  
Email: Demacioaod@aol.com

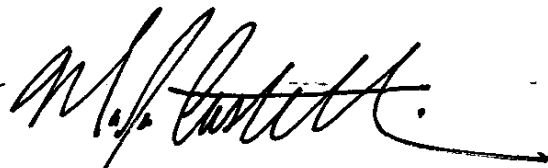
To Whom It May Concern:

I am writing to you in regards to the inactive status of Storm Circle Entertainment (Document Number P02000026056) due to the non-payment of the 2003 Annual Fee. The following are the reasons for the non-payment of the Annual Fee:

- Relocation of Office
- Unaware of Fee (from registered agent office)
- Never receiving notification of annual dues
- Correct mailing address not updated

All of these reasons above have been resolved, and I would ask if you would consider waiving the late penalty fee. I appreciate your time, and if you have any questions please contact me at (305)298-3502. Thank-you.

Sincerely,



Marcos J. Castellon  
President  
Storm Circle Entertainment

(305)298-3502  
P.O. Box 165053  
Miami, FL 33116

