

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740660

1. Corporation Name

THE SPOTLITE PLAYERS, INC.

Principal Place of Business

POST OFFICE BOX 33244
PALM BEACH GARDENS FL 33420-3244
US

Mailing Address

POST OFFICE BOX 33244
PALM BEACH GARDENS FL 33410
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-02

02-15-01 90046 028 #11-25

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/31/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1804545

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BEECHER, MICHAEL	12835 S. NORMANDY WAY	PALM BEACH GARDENS FL 33410
VD	POLLAK, SALLIE	13 KINTYRE RD	PALM BEACH GARDENS FL LS
VP	CLAPP, ROGER	4970 DILLON ST.	LAKE WORTH FL
TD	BILES, JOHN E.	243 EAST TALL OAKS CIRCLE	PALM BEACH GARDENS FL
			800005081618--2 03/11/02 01076 039 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

BILES, JOHN E.
243 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name Michael Beecher
Street Address (P.O. Box Number is Not Acceptable) 12835 S. Normandy Way
Suite, Apt. #, Etc. P
City Palm Beach Garden State FL Zip Code 33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Michael Beecher
REGISTERED AGENT MUST SIGN

Date 11/15/01

11. 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:

Michael Beecher Michael Beecher 11/15/01 561-845-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)