

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC -6 PM 3:59  
TALLAHASSEE, FLORIDA

DOCUMENT # **F04000004526**

1. Corporation Name

**Play Along, Inc.**

2. Principal Office Address

**800 Fairway Dr.**

Suite, Apt. #, etc.

**295**

City & State

**Deerfield Beach, FL**

Zip

**33441**

Country

**US**

3. Mailing Office Address

**c/o Jakes Pacific  
22619 Pacific Coast Hwy**

Suite, Apt. #, etc.

City & State

**Malibu, CA**

Zip

**90265**

Country

**US**

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/5/2004**

5. FEI Number

**20-1362510**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

REINSTATEMENT

05

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12/13/05 01056-009 \*\*750.00

FL 32301

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

*Laura R. Dunlap*

**Laura R. Dunlap  
as its agent**

Date

**12/6/05**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------------|--------------------------------------|---|--------------------|
| CEO          | Jack Friedman                        | 22619 Pacific Coast Hwy                           | Malibu, CA 90265   |
| Pres/<br>Sec | Stephen Berman                       | 22615 Pacific Coast Hwy                           | Malibu, CA 90265   |
| EXP          | Joel Bennett                         | 22619 Pacific Coast Hwy                           | Malibu, CA 90265   |
|              |                                      |   |                    |
|              |                                      |   |                    |
|              |                                      |   |                    |

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:

*Joel Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joel Bennett**

Date

**12/02/05**

Daytime Phone #

**310 455-6200**