

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F93000005366

1. Corporation Name

Sold Out Shows, Inc.

2. Principal Office Address
14984 Roan Court

3. Mailing Office Address
14984 Roan Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, FL 33324

City & State
Wellington, FL 33324

Zip
33414

Country
Palm Beach

Zip
33414

Country
Palm Beach

7. Name and Address of Current Registered Agent

Name

Ruth Ann Propper

Street Address (P.O. Box Number is Not Acceptable)
14984 Roan Court

Suite, Apt. #, Etc.

City

Wellington

REINSTATEMENT *04-18*

4. Date Incorporated or Qualified

To Do Business in Florida

5/3/94

5. FEI Number

94-290779

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

3000003170403-3
-03/15/00-01013-026
***1650.00 ***1650.00

State
FL

Zip Code
33414

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

Ruth A. Propper

REGISTERED AGENT MUST SIGN

Date *3/9/00*

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
D/P	Leo Gallagher	14984 Roan Court	Wellington, FL 33324
S/T	Ruth A. Propper	14984 Roan Court	Wellington, FL 33324
			Adm - 1500.00 AR - 61.25 ARSupp - 88.75
			LS

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:

Ruth A. Propper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 (561) 791-0011
Date Daytime Phone #