

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004316

1. Corporation Name

ESSEX ENTERTAINMENT, INC.

FILED

97 DEC -4 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

560 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07633

Mailing Address

560 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07633

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1994

5. FEI Number

22-2422501

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HYMAN, PETER <i>Delete</i>	560 SYLVAN AVE.	ENGLEWOOD CLIFFS NJ 07633
VSTD V Pres	ROSENBLOOM, JACK	560 SYLVAN AVE.	ENGLEWOOD CLIFFS NJ 07633
D Pres.	SIROTE, STANLEY	560 SYLVAN AVE.	ENGLEWOOD CLIFFS NJ 07633

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name *Ray Buck*
Street Address (P.O. Box Number is Not Acceptable)
5266 NW 109th Lane
Suite, Apt. #, Etc.
City *Coral Springs* State *FL* Zip Code *33076*

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

[Signature]

THE REGISTERED AGENT MUST SIGN

Date

11/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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)(f), 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

10/2/97 *201-894-8700*
Date Daytime Phone #

CR25040 (8/97)