

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 22 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006062

1. Corporation Name

Stratosphere Multimedia Corp.

2. Principal Office Address

2700 N. Military Trail

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2700 N. Military Trail

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/96

5. FEI Number

65-0607145

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

FMC Group, Inc.

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

2700 N. Military Trail,

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

200003524012--4

01/04/01-01104-003

\*\*\*\*758.75 \*\*\*\*758.75

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

Date 12/20/00

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James Perretty	2700 N. Military Trail, Suite 100	Boca Raton, FL 33431-
SD	Paul Michelin	2700 N. Military Trail, Suite 100	Boca Raton, FL 33431

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Perretty

12/20/00

Date

(561) 241-3621

Daytime Phone #