

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 12 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **545613**

1. Corporation Name

ASSOCIATED ENTERTAINMENT NETWORK, INC.

2. Principal Office Address

4700 MILLENIA BLVD.

3. Mailing Office Address

P.O. BOX 691077

Suite, Apt. #, etc.

SUITE 175

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32839

Country

US

Zip

32869-1077

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1986

5. FEI Number

59-2758988

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

ROBERT E. NICHOLS

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

C/O AEN 4700 MILLENIA BLVD.

Suite, Apt. #, etc.

SUITE 175

City

ORLANDO

State

FL

Zip Code

32839

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 **9/11/06**

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
D,P,V,S,T	ROBERT E. NICHOLS	C/O AEN 4700 MILLENIA BLVD. SUITE 175	ORLANDO, FL 32839

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 contained in Chapter 119, 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:

ROBERT E. NICHOLS

9/11/06

407-898-3572 x12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



242

September 11, 2006

Dept. of State
Divisions of Corrections
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sirs:

I am enclosing paperwork to reinstate ASSOCIATED ENTERTAINMENT NETWORK, INC. in compliance with the State of Florida. ASSOCIATED ENTERTAINMENT NETWORK, INC. (FEI 59-2758988) was originally incorporated on 12/5/1986. A change of address was filed 5/1/2001. We did not receive the annual report notices of 2004. In 2005, our corporate address & mailing address were changed, and items were no longer forwarded.

We respectfully request the reinstatement fee be waived, as the corporation did not receive the annual report notices in the year of dissolution/revocation, or subsequent years. I have enclosed forms and payments for the following:

Corporate reinstatement & payments for:

Annual fee (\$150/yr - years 2004, 2005, 2006)	\$450.00
Certificate of status	\$ 8.75

Enclosed is a check (#28637) in the amount of \$458.75 to cover the above costs, with the appropriate paperwork. I have also enclosed a FEDEX label for the return of the certificate.

Should you have additional needs, please feel free to contact me at my enclosed address/phone.

Thank you for your assistance.

Robert E. Nichols

ASSOCIATED ENTERTAINMENT NETWORK, INC.

CORPORATE OFFICE: 4700 Millenia Blvd. • Suite 175 • Orlando • FL • 32839

MAILING ADDRESS: P.O. Box 691077 • Orlando • FL • 32869-1077

(407) 898-3572 • Fax (407) 898-2526