

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 8:26

DOCUMENT # J 83279

1. Corporation Name

Discovery Talent Agency, Inc.

2. Principal Office Address

3061 NE 49th St.

Suite, Apt. #, etc.

22

City & State

Ft. Lauderdale
Ft. Lauderdale, FL

Zip

33308

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/20/87

5. FEI Number

65-0003054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

9975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Allen Shapiro

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

3061 NE 49th Street

Suite, Apt. #, Etc.

22

City

Ft. Lauderdale

State
FL

Zip Code
33308

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

Allen Shapiro

Date *2-29-2000*

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
P/D	Allen Shapiro	3061 NE 49th Street - #22	Ft. Lauderdale, FL 33308

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:

Allen Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000

Date

Daytime Phone #

CH2E081 (9/99)