

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K39590**

1. Corporation Name

FAMOUS FACES ENTERTAINMENT CORP.

Principal Place of Business

Mailing Address

% PAUL LEVINE
2013 HARDING ST
HOLLYWOOD FL 33020

% PAUL LEVINE
2013 HARDING ST
HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable

3780 SW 30 AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3780 SW 30 AVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1988

5. FEI Number

65-0076087

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 3	City / State / Zip 4
PD	LEVINE, PAUL	2013 HARDING ST 3780 SW 30 AVE	HOLLYWOOD FL FT. LAUDERDALE, FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, PAUL
~~2013 HARDING ST~~
HOLLYWOOD FL 33020

Name

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

3780 SW 30 AVENUE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/23/04

11. I certify that I am an officer or director of 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 REQUIRED
PAUL LEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/04

Daytime Phone #

954-321-8883

CR2E046 (7/03)

**FAMOUS FACES ENTERTAINMENT
AND SPECIAL EVENTS Co.**



3780 S.W. 30th Avenue • Ft. Lauderdale, FL 33312
June 24, 2004 954-321-8883 • Fax 954-321-8703 • E-mail: famousfac@aol.com
License # TA0000171 • SAG FRANCHISED

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Famous Faces Entertainment Corp.
FEIN #65-0076087
Document #K39590

Gentlemen:

Confirming my conversation with Gary Brankenbaker of your office today,
We moved our offices to a new building in 2003 and we did not receive our
Notice of renewal –Uniform Business Report – for 2003. We have just
Recently received the reinstatement application which was mailed to our
New address but still had our old address on it.

I have completed the reinstatement form and have indicated the new address for
Both mailing and principal place of business, it has been signed by Mr.
Levine, and we are including our check #2627 for the total of \$308.75 which
Includes the fee for 2003, 2004, and \$8.75 to send us a certificate of status.

Please process this as soon as possible. If you need anything further, please
Advise us accordingly.

Sincerely,


Mickey Anderson
Office Manager

MA:am

Enclosures