

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600181569216
06/01/10--01061--010 **832.50

DOCUMENT # L03000009742

1. Corporation Name

Shak attack Entertainment
LLC

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Miami

Zip

33129

Country

USA

3. Mailing Office Address

1000 SW 23 RD

Suite, Apt. #, etc.

City & State

FLA

Zip

Country

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/2005

5. FEI Number

300168243

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

Shakira Ledard

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

1000 SW 23 RD

Suite, Apt. #, Etc.

City

MIA

State

FL

Zip Code

33129

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/06/2010

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	Shakira Ledard	1000 SW 23 RD	Mia, Fla. 33129

REINSTATEMENT

05-10

06-3-10

10. E-mail Address: ShakiraLedard@yahoo.com

(To be used for future annual report notification)

11. 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; I further certify 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]