

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L37145**

99 OCT 22 AM 11:29

1. Corporation Name
NIGHTCLUB PRODUCTIONS, INC.

Principal Place of Business 1931 NE 33RD AVE 2200 CYPRESS BEND DR.S. BLDG. 6 #903 FT LAUDERDALE FL 33305 US	Mailing Address 1931 NE 33RD AVE 2200 CYPRESS BEND DR.S. BLDG. 6 #903 FT LAUDERDALE FL 33305 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

06-18-94 90003 024 \$150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/19/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0161940	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEROSA, WILLIAM J.	1931 NE 33RD AVE	FT LAUDERDALE FL
PD	DEROSA, WILLIAM J.	2200 CYPRESS BEND DR#903	POMPANO BCH FL
			000003032640--9
			-11/02/99--01078--002
			****400.00 ****400.00

8. Name and Address of Current Registered Agent

BERMAN, BERNARD
888 S ANDREWS AVE
SUITE 203-B
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State
FL Zip Code

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.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 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:

William DeRosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/99 954-564-9470
Date Daytime Phone #