PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 31 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 97 00

DOCUMENT # L53458

1. Corporation Name
SHO ENTERTAINMENT, INC.

Principal Place of Business / Mailing Address
151 EAST OHIO AVENUE
LAKE HELEN, FL 32744

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2-26-90

5. FEI Number: 59-2998734 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PAUL SIRMONS	2962 FALLING TREE CIR.	ORLANDO, FL 32837
S/T	GARY ROGERS	151 E. OHIO AVENUE	LAKE HELEN, FL 32744

400002338244--9
-110497--01090--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PAUL SIRMONS
151 EAST OHIO AVE.
LAKE HELEN, FL 32744

9. Name and Address of New Registered Agent

Name: PAUL SIRMONS
Street Address (P.O. Box Number is Not Acceptable): 151 EAST OHIO AVE.
Suite, Apt. #, Etc.:
City: LAKE HELEN State: FL Zip Code: 32744

CR2E040 (12/96)

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: [signature] Date: 10/29/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] PAUL SIRMONS 10/29/97 904 228-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #