

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000535

1. Corporation Name

ANNUAL HOLIDAY MAGIC EXTRAVAGANZA OF WESTON, INC

Principal Place of Business

Mailing Address

300 S. PINE ISLAND RD., SUITE 250
PLANTATION FL 33324

300 S. PINE ISLAND RD., SUITE 250
PLANTATION FL 33324



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

689 FOX CREEK CT

Suite, Apt. #, etc.

WESTON

City & State

City & State

FLORIDA

Zip

Country

33327

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/2000

5. FEI Number

65-1032904

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 | RHONE, JOYCE | 689 FOX CREEK CT | WESTON FL 33327 |
| D | RHONE, NEVILLE | 689 FOX CREEK CT | WESTON FL 33327 |
| D | ROBINSON, COLIN RHONE MICHELLE | 17045 NW 27TH AVE 689 FOX CREEK CT. | MI FL 48086 WESTON FL 33327 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHONE, JOYCE

300 S. PINE ISLAND RD., SUITE 250
PLANTATION FL 33324

689 FOX CREEK CT
WESTON
FL
33327

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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 10-25-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

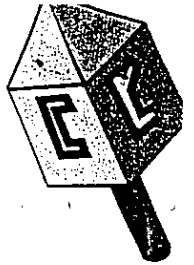
10-25-02

954-
389-
9543



THE COMMUNITY NETWORK, INC.

THE 7TH ANNUAL

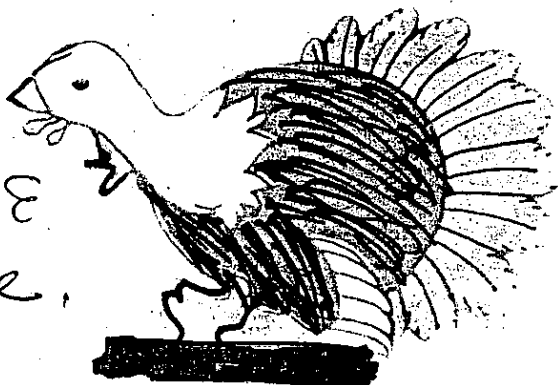


HOLIDAY MAGIC EXTRAVAGANZA OF WESTON "RINGING IN THE HOLIDAYS"

10-25-02

TO WHOM IT MAY CONCERN:
I WAS QUITE SURPRISED WHEN I
RECEIVED YOUR MAIL RE DISSOLUTION
AS I SENT THAT IN (THE REPORT)
FROM THE START OF THE YEAR.
I CHECKED WITH MY BANK AND
THEY STATE THAT THE CHECK
SENT WAS NEVER DEPOSITED.
I CAN ONLY CONCLUDE
THAT THE MAIL WENT
ASTRAY. I ALSO CALLED
YOUR DIVISION OF CORPORATION
AND I WAS INSTRUCTED TO
WRITE A LETTER AND MAIL IN
WITH THE APPLICATION PLUS
A CHECK FOR \$61.25. I TRUST
YOU WILL RECEIVE SAME.

THANK YOU,
TOYCE RHONE
Joyu Rhone.



PLEASE
ACKNOWLEDGE
RECEIPT
OF THIS
LETTER +
CHECK.
Thanked
D