

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 AM 11:59

DOCUMENT # N05000003046

1. Corporation Name

DNA ENTERTAINMENT, INC.

0001561589 10
05/19/09--01018--004 **420.00
CR2E081 (12/08)

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

5301 North Federal Highway

3. Mailing Office Address

5301 North Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33487

Country

USA

Zip

33487

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/24/2005

5. FEI Number
611486685

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
PAUL JACOBS

Street Address (P.O. Box Number is Not Acceptable)
2595 NW BOCA RATON BOULEVARD

Suite, Apt. #, Etc.
200

City
BOCA RATON

State
FL

Zip Code
33431

The 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

Date

5/14/09

REGISTERED AGENT MUST SIGN

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
DIR	TYRONE BUTLER	8372 N. CORAL CIRCLE	N. LAUDERDALE, FL 33068
DIR	IAN BUXTON	1475 SPRINGLEAF CIRCLE	SMYRNA, GA 30080
DIR	ALLEN MARKOWITZ	10662 PALM SPRING DRIVE	BOCA RATON, FL 33428
DIR	RAY HALL	1216 NE 6TH STREET	POMPANO BEACH, FL 33364
REINSTATEMENT 06-09 B 5/20/09			

10. 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 contained in Chapter 119, 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:

ALLEN MARKOWITZ

Date

5/14/09

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR