

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 14 PM 4:24

DOCUMENT # **P0000012049**

1. Corporation Name

**E.J. ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

1940 NE 118TH ROAD  
NORTH MIAMI FL 33181-3316

1940 NE 118TH ROAD  
NORTH MIAMI FL 33181-3316

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

~~65-0980030~~

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	JELKE, JOHN F IV	1940 NE 118TH ROAD	NORTH MIAMI FL 33181
SD	CROSBY, WILLIAM E II	1940 NE 118TH ROAD	NORTH MIAMI FL 33181

~~130004744771-8~~  
-12/31/01--01050--012  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name **JOHN F JELKE IV**  
Street Address (P.O. Box Number is Not Acceptable)  
**1940 NE 118th Road**  
Suite, Apt. #, Etc.  
City **North miami** State **FL** Zip Code **33181**

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

*John F. Jelke IV*  
REGISTERED AGENT MUST SIGN

Date **11-15-01**

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)(l), 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:

*John F. Jelke IV* / John F. Jelke IV Pres

Date **11-13-01** Daytime Phone # **305 899-1990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRFEC040 (801)

REINSTATEMENT **d**