CORPORATION REINSTATEMENT

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

FILED

02 JUL -5 AM 11: 07

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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-07/10/02--01031--001
****900.00   ****900.00

REINSTATEMENT 01-02

DOCUMENT # P00000033656

1. Corporation Name
Pope Entertainment Group, Inc.

2. Principal Office Address
305 S. Federal Hwy.
Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip	Country
33432	US

3. Mailing Office Address
P.O. Box 1543
Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip	Country
33432	US

4. Date Incorporated or Qualified To Do Business in Florida   3/31/00

5. FEI Number
65-0998660

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 David Pope

Street Address (P.O. Box Number is Not Acceptable)
305 S. Federal Highway

Suite, Apt. #, Etc.

City
Boca Raton

State	Zip Code
FL	33432

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 _____
REGISTERED AGENT MUST SIGN

Date 7/1/2002

CR2E081 (9/01)

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
DPST	Pope, Paul David	305 S. Federal Hwy.	Boca Raton, FL 33432

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 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: Paul David Pope, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2002
Date

561-361-1141
Daytime Phone #