

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038466

1. Corporation Name

E-NET ENTERTAINMENT, INC

2. Principal Office Address

5414 NE 22 Terr

Suite, Apt. #, etc.

#8

City & State

FT. Lauderdale, FL

Zip

33308

Country

3. Mailing Office Address

P.O. Box 21486

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

Zip

33335

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-17-2000

5. FEI Number

74-3040412

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

DENNIS NADEAU

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

5414 NE 22 Terr

Suite, Apt. #, Etc.

Suite #8

City

FT. Lauderdale

700005449447-4

05/03/02 01036 006

****300.00 ****300.00

State

FL

Zip Code

33308

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

Dennis Nadau

REGISTERED AGENT MUST SIGN

Date

4-22-02

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 |
|---------|--------------------------------------|---|--------------------------|
| Pres | Dennis Nadau | 5414 NE 22 Terr #8 | FT. Lauderdale, FL 33308 |
| V. Pres | Mario Rivera | 5414 NE 22 Terr Suite #8 | FT. Lauderdale FL 33308 |
| | | | |
| | | 01-02 UBR | TO |
| | | | |
| | | | |

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:

Dennis Nadau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954.288.5991

Daytime Phone #

CR2E081 (9/01)