

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000046451

1. Corporation Name

BOARD'S ENTERTAINMENT, INC.

300139203653
12/22/08--01052--001 **300.00

REINSTATEMENT
CR2E081 (12/07)

07-08

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

15758 WOODGATE PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

15758 WOODGATE PLACE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33326

Country

USA

City & State

SUNRISE, FL

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2000

5. FEI Number
651007085

☐ 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

LOPEZ, MANUEL

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

15758 WOODGATE PLACE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33326

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-17-08

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
PSD	LOPEZ, MANUEL	15758 WOODGATE PLACE	SUNRISE, FL 33326

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-08

Date

Daytime Phone #

12/28