

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000060691

1. Corporation Name

ALCEN ENTERTAINMENT, INC.

Principal Place of Business

9839 S.W.1 47TH PLACE
MIAMI FL 33196

Mailing Address

9839 S.W.1 47TH PLACE
MIAMI FL 33196

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2000

5. FEI Number

65-1020993

Applied For

Not Applicable

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	ALVA-CENTURION, JOSE L	9839 S.W.1 47TH PLACE	MIAMI FL 33196
VD	ALVA-CENTURION, CARLOS E	9839 S.W.1 47TH PLACE	MIAMI FL 33196

8. Name and Address of Current Registered Agent

ALVA-CENTURION, JOSE L
9839 S.W.1 47TH PLACE
MIAMI FL 33196

9. Name and Address of New Registered Agent

Name

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

9839 SW 147th PLACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-2002

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV -6 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/04/02--01107--025 **150.00

CR2E040 (8/02)

Alcen Entertainment, Inc

9839 SW 147Place
Miami, FL 33196

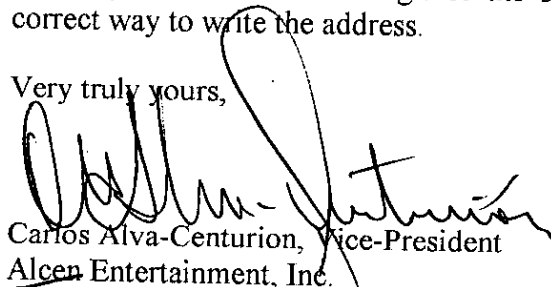
October 30, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

Dear Sir,

Enclosed please find an Application for Reinstatement and a check for \$150.00 related to our corporation. We have not received the two previous Uniform Business Reports and we believe this is due to an error in the mailing address you are using. There is an extra blank space after the first digit of the street number. The enclosed application has a correct way to write the address.

Very truly yours,


Carlos Alva-Centurion, Vice-President
Alcen Entertainment, Inc.
