PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 APR 28 PM 2: 52 SECIL WAY OF STATE TALLAMASSEF, FLORIDA
DOCUMENT# POOG 1. Corporation Name PLatinum St	000074749	700178571147 04/29/1001007003 **1950.00
2. Principal Office Address - No P.O. Box# 1655 Pondero Sa Pine Dr	3. Mailing Office Address	700178571147 04/29/1001007003 **1950.00
<u>@</u> Q <u>S</u> T	2771 Monument Road	REINSTATEMENT 02-10
Suite, Apt. #, etc.	Suite Apt. #, etc.	Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 08-02-2000 5. FEI Number / — Applied For
Jacksonville, + lorida	Zacksonville + lorida	651033219 Not Applicable
32225 U.S	32225 U.S	6. CERTIFICATE OF STATUS DESIRED 1. \$8.75 Additional Fee required for a Certificate of Status
	f Current Registered Agent	PROFIT CORPORATIONS ONLY
John Alexander Bonilla		☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did
Street Address (P.O. Box Number is Not Acceptable) 4033 Tundale Drive		not receive the prior notices. By checking this box, you are certifying the prior
Suite, Apt. #, Etc.		notices were not received and requesting
City Jacksonville State Zip Code FL 32210		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 Agent Agent Agent MUST SIGN Date 4-26-2010		
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	City / State / Zip
P Conrad E. Her	whickson 5323 Paugr Lin	e Rd Pompano Beach, FL 33073
T John A. Bo	nilla 4033 Tundale	Drive Jocksonville FL 32210
S Sona E. Boi	villa 4033 Tyndah a	Drive Jacksonville, FC 32210
10. E-mail Address: Platinum Stor Entertainment @ & Mail. Com		
11 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 salisfies the requirements of section 607,0401 or 617,0401, F.S., that ally fees owed by the corporation have been paid. Further carlify, 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: 4-26-2015 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
SIGNATURE AND		

4/29a