

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 OCT -4 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076953

1. Corporation Name

ZONE ENTERTAINMENT USA INC.

300008288113--4  
-10/09/02--01058--008  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

7202 Southgate Blvd

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

7202 S

Suite, Apt. #, etc.

N/A

City & State

NORTH LAUDERDALE FL.

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/15/2000

5. FEI Number

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

DAVID FELDHEIM

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

499 NW 70 AVENUE # 119

Suite, Apt. #, Etc.

# 119

City

PLANTATION

State  
FL

Zip Code

33317

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

9/26/02

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
<u>VP</u>	<u>HERALDO SAMUELS</u>	<u>7202 Southgate Blvd</u>	<u>FL 33068</u>

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:

E. ANTHONY DEHANEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/25/02

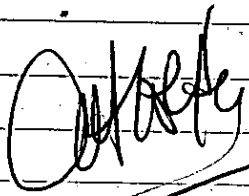
Daytime Phone #

CR2E081 (9/01)

js 11/4/02

Some that was  
Division of Corporations  
Oct 02/12

Please delete all  
Names and add MR  
HERALDO SAMUELS as  
(P)(IP)(S) of the Corporation  
enclosed please find check for  
reinstatement.

  
10/02/02