

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 19 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 96399

1. Corporation Name

POE BOY Entertainment, Inc

2. Principal Office Address

7757NW 146 St.

Suite, Apt. #, etc.

3. Mailing Office Address

7757NW 146 St.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

Country

33016

Zip

Country

33016

REINSTATEMENT 01-02

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

10/12/2000

5. FEI Number

65-1048371

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

Eric Prince

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

7757NW 146th Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

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 6/12/02

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
P.S.D.	Eric Prince	7757-NW 146 ST	MIAMI LAKES, FL 33016

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/02 305-3621841

Daytime Phone #

CR25001 (8/00)