	200	PLEASE REA	D ALL INST	RUCTI	IONS BEFORE C	COMPLET!	NG THIS FORM.	10/2
API	PLICATI FOR	FION -	FLORIDA	A DEPAR Katherir	RTMENT OF STATE ine Harris ary of State	7		150
REIN	STATE	MENT W			CORPORATIONS		FILED	
DOC	-	r)# P000 0	0011758	34		· · · · · · · ·	OI NOV 14 PM 3: 17	
•	ation Name						SECRETARY OF STATE TALLAHASSEE FLORIDA	Δ
TCKET	SUS.CC	OM, INC.			1	7	TALLAHASSEE PLONI-	`
Principal Pl	Place of Busine	ess	Mailing Addre	ess				
	MMERCIAL BLV DERDALE FL 33		945 W. COMM Fort Lauder					
		e incorrect in any way, line Address, If Applicable			and enter correction below.	4. Date Incorp	porated or Qualified	
Suite, Apt.	, , , , , , , , , , , , , , , , , , ,		Suite, Apt. #,			To Do Busine	ness in Florida 12/28/20	
City & State			City & State			5. FEI Number	1067965	Applied For Not Applicable
Zip		Country	Zip		Country	6.	\$8.75 Addi	ditional Fee required ertificate of Status
7. Names	and Street Ac	ddresses of Each Officer	and/or Director (Flc	orida nonprof	ofit corporations must list at lea	east 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip	p
ρ	GIANCARLO CARMELLO 945 W. COMMERCIAL BLUD FT. LAUDERDATE, PL 33349 JEFPREY WILSON 945 W. COMMERCIAL BLUD FT. LAUDERDATE, PL 33349							
5	JEFPREY WILSON 945 W. COMHERO					CAN BLY	FT. LAUDEDA	τε, η 33309
							1000471710 -12/10/0101098 ****150.00***	8011
		-				A. Toronto	Pacintared Agent	
	8. Nam	me and Address of Curre	ent Registered Age	int	Name		Address of New Registered Agent	
GOLDSTEIN, MARK B 2700 N. MILITARY TRAIL SUITE 220 BOCA RATON FL 33431 STEVE Street Address (P. 2 0 2 6 3 SUITE, Apt. #, Etc. CINY CINY CONTROL C						(P.O. Box Number in STA-71) tc. 40 C	<i>N</i> FL 5	Code 33498
Signature o	of d Agent	Stom	REGISTERED AG	CL C	familiar with and accept the o		Date	
this rein	instatement ap	pplication, the reason for dation have been paid and t	r dissolution has been d the names of individ	n eliminated, i iduals listed oi	i, the corporate name satisfies	es the requirements or an exemption und	apter 607 or 617, F.S. I further certify s of section 607.0401 or 617.0401, F.5 inder section 119.07(3)(i), F.S. The info	.S., that all fees
SIGNAT		Hale SIGNATURE AND TYPED OR	ELLES DA PRINTED NAME OF	SIGNING OF	FICER OR DIRECTOR		11-5-01 954-93 Date Daytime Pi	38 -90 9 D



945 W. Commercial Blvd. • Fort Lauderdale, FL 33309

Brow: (954) 938-9090 • Dade: (305) 999-9393

Hillsboro: (813) 871-9000 • Fax: (954) 938-5288 • Toll Free: (888) 590-9090

www.TicketsUS.com

November 9, 2001

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam:

Attached is our check for \$150.00 to cover the fees for the 2001 Annual Report. We never received the first copy, and since we did not start doing business until 2001, we thought that the year 2001 report was not necessary, and did not expect the report. However, since the date of incorporation is 12/28/2000, we realize that the 2001 report is due.

Please waive the late fees that were indicated on the instruction form.

Thank you very much.

Sincerely,

Giancárlo Carmello President

TicketsUS.com