

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000003977**

1. Corporation Name

Earthtown Entertainment, Inc.

2. Principal Office Address

5902 SW 105 Street
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

3. Mailing Office Address

5902 SW 105 Street
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

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

11/8/2001

5. FEI Number

65-1073718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Mauricio Abaroa

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

420 Jefferson Avenue

Suite, Apt. #, Etc.

#

City

Miami Beach

State

FL

Zip Code

33139

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 **March 12, 2003**

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
PD	Abaroa, Mauricio	5902 SW 105 Street	Miami, FL 33156

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

March 12, 2003 (305) 695-7000

Date

Daytime Phone #

CR2E081 (10/02)

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