

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023382**

1. Corporation Name

BLACK MARKET ENT., INC.

Principal Place of Business

1652 WEST 10TH STREET
RIVIERA BEACH FL 33404

Mailing Address

1652 WEST 10TH STREET
RIVIERA BEACH FL 33404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOHNSON, JOHNATHAN J	1652 WEST 10TH STREET	RIVIERA BEACH FL 33404

400009347334
12/04/02--01042--006 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, JOHNATHAN J
1652 WEST 10TH STREET
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02 861-841-5536
Date Daytime Phone #

CR2E040 (8/02)

November 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is written in response to a Notice of Administrative Dissolution that was received for our corporation, Black Market Entertainment, Inc.

We are requesting abatement of the penalties charged due to the fact that we never received the original Annual Report Form and we are respectfully requesting that you accept our enclosed check for \$150.00 and reinstate Black Market Entertainment, Inc. as an active corporation at this time.

Thank you,

A handwritten signature in black ink, appearing to read "Johnathon J. Johnson", written over a horizontal line.

Johnathon J. Johnson, President
Black Market Entertainment, Inc