

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037924

1. Corporation Name

VEREEN ENTERTAINMENT, INC.

800008939278
11/12/02--01095--007 **\$600.00

800008939278
11/12/02--01095--008 **\$8.75

2. Principal Office Address

14630 S. RIVER DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33167

Country

USA

2. Mailing Office Address

P.O. BOX 310305

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33321

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Annual Fee Required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

RODERICK D. VEREEN

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

14630 S. RIVER DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33167

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

Roderick D. Verreen, Esq.

REGISTERED AGENT MUST SIGN

Date 11/6/02

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	RODERICK D. VEREEN	14630 S. RIVER DRIVE	MIAMI, FL 33167

11/16/02

CR2001 (9/01)

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:

Roderick D. Verreen, Esq.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/02 305-681-0250

Date

Daytime Phone #

LAW OFFICES OF
RODERICK D. VEREEN, Esq., P.A.

1101 BRICKELL AVENUE
SUITE 1801
MIAMI, FLORIDA 33131

TELEPHONE (305) 377-1119
FAX (305) 377-9858

November 6, 2002

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

***Re: Reinstatement of Vereen Entertainment, Inc.
Document No. P01000037924***

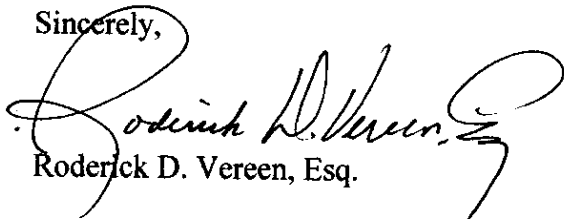
Dear Sir/Madame:

Please find enclosed the Corporation Reinstatement form for Vereen Entertainment, Inc., along with two checks for payment of reinstatement (\$600.00) and another for a Certificate of Status (\$8.75).

I discuss the reinstatement fee with a representative from your office and was told that the \$150.00 fee would be waived as records indicate that the Annual Business Report was returned to your office.

Please send a Certificate of Status as soon as possible. If you need any additional information, please contact the undersigned at 305-681-0250.

Sincerely,



Roderick D. Vereen, Esq.