

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 11 AM 7:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078807

**1. Corporation Name**

Fuel Entertainment, Inc.

**2. Principal Office Address**

640 N. Grandview Avenue

Suite, Apt. #, etc.  
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City & State

Daytona Beach, FL

Zip #

32118

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.  
-----

City & State

same

Zip

same

Country

same

**REINSTATEMENT** 02-03

500015748345

04/11/03--01031--003 \*\*900.00

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

**5. FEI Number**

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

Howard Navin

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

640 North Grandview Avenue

Suite, Apt. #, Etc.  
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City

Daytona Beach

State  
**FL**

Zip Code

32118

**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

*Howard Navin*

REGISTERED AGENT MUST SIGN

Date 4/2/03

**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
D	Howard Navin	640 N. Grandview Avenue	Daytona Beach, FL 32118

**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:**

*Howard Navin* - HOWARD NAVIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03  
Date

386-248-3151 x710  
Daytime Phone #

CR2E081 (10/02)

8/4/14