

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000083915**

1. Corporation Name

E-MONEE ENTERTAINMENT INC.

1000 CORPORATE DRIVE  
1000 CORPORATE DRIVE

2. Principal Office Address

1000 CORPORATE DRIVE

3. Mailing Office Address

1000 CORPORATE DRIVE

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

320

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33334

Country

US

Zip

33334

Country

US

**REINSTATEMENT 02-05**

11/12/04 01056 024 \$458.75

4. Date Incorporated or Qualified

To Do Business in Florida 08/24/2001

5. FEI Number

NONE

☒ 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

KIMBERLY DAISE P.A.

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

1236 SE 4 AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE FL

State

FL

Zip Code

33316

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

*Kimberly S. Daise*

REGISTERED AGENT MUST SIGN

Date

11/10/05

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	BENAVIDES, ESTUARDO	1000 CORPORATE DRIVE #320	FORT LAUDERDALE FL 33334

000045896770  
02/03/05--01009--003 \*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-05

954-229-3011

Daytime Phone #



September 28<sup>th</sup> 2004

Florida Department of State  
Division of Corporations-Reinstatement  
409 E Gaines Street  
Tallahassee FL 32399

Ref.: Document on file: P01000083915 for E-monee Entertainment Inc.

This letter is to inform you that we never received the 2002 renewal notifications, and this has escalated until now. We would like to reinstate this corporation, as soon as possible. We have enclosed with this letter our payment of \$458.75 for reinstating this corporation.

Thanking you in advance,

Estuardo Benavides

President  
E-monee Entertainment Inc.

12-2-04  
Sent again with  
Kini's signature /  
Via Certified Mail.  
#7001 2510 0009 1269 7903