PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT

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

FILED
03 JAN 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000093233

1. Corporation Name

DA LINK ENTERTAINMENT INC

2. Principal Office Address	3. Mailing Office Address
4630 KIRKMAN RD, Suite	**4630 KIRKMAN RD, Suite**
Suite, Apt. #, etc. **295**	Suite, Apt. #, etc. **295**
City & State **ORLANDO, FL**	City & State
Zip **32811** / Country **ORANGE**	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **13-4230262** ☐ 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
ISMALEZ GONZALEZ

100011907671
02/06/03--01051--001 **150.00

Street Address (P.O. Box Number is Not Acceptable)
4630 KIRKMAN RD

Suite, Apt. #, Etc.
295

City / State / Zip Code
ORLANDO **FL** **32811**

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 Ismael Gonzalez
REGISTERED AGENT MUST SIGN

Date **1/3/2003**

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 / Street / Zip
CEO	ISMALEZ GONZALEZ	4630 KIRKMAN RD SUITE 295	ORLANDO,FL. 32811

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: Ismael Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/3/2003**

Daytime Phone # **(321) 231-8206**