

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000106958**

1. Corporation Name

FOX ENTERTAINMENT, INC.

Principal Place of Business

**2400 NE 10TH COURT
#6
POMPAÑO BEACH FL 33062**

Mailing Address

**2400 NE 10TH COURT
#6
POMPAÑO BEACH FL 33062**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2001

5. FEI Number

65-1151615

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FOX, MICHAEL	2400 NE 10TH COURT #6	POMPAÑO BEACH FL 33060

800024249868
10/29/03--01035--019 **150.00

8. Name and Address of Current Registered Agent

**FOX, MICHAEL
2400 NE 10TH COURT
POMPAÑO BEACH FL 33060**

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)(l), 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

10-27-03

Date

954 532 0393

Daytime Phone #

CR2E040 (7/03)

FOX ENTERTAINMENT, INC.
2400 N.E. 10TH COURT #6
POMPANO BEACH, FL 33062

October 27, 2003

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

Re: Fox Entertainment, Inc.
FEI Number 65-1151615
Application for Reinstatement

To Whom It May Concern:

We did not receive either the 2003 Uniform Business Report or any other subsequent notices.

Therefore as stated in your "Important Facts" page, we respectfully request Fox Entertainment, Inc. be reinstated as an active and current Corporation with the State of Florida.

Enclosed you will find the completed Application for Reinstatement and the appropriate annual filing fee of \$150.00.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Fox', written over a series of horizontal lines.

Michael Fox
President/Director