

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P02000030486

1. Corporation Name

Adonis Entertainment

REINSTATEMENT 03

2. Principal Office Address

4064 SW 52nd St.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

H. Lauderdale

City & State

Zip

33314

Country

USA

Zip

Country

10/09/03 01021 003 \$150.00

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

Winston Holmes

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

4064 SW 52nd St.

Suite, Apt. #, Etc.

B

City

Hollywood

State

FL

Zip Code

33314

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

Winston Holmes

Date

10/15/03

REGISTERED AGENT MUST SIGN

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	Winston Holmes	4064 SW 52nd St, #B	Hollywood, FL 33314

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:

Winston Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 954-472-9144

Daytime Phone #

CR2E081 (10/02)

September 29, 2003

Florida Secretary of State  
Division of Corporations


Mr. Tyrone Scott  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Mr. Scott:

My name is Paul Franson and I am the accountant for Adonis Entertainment, Inc. The owner of the business did not receive the 2003 UBR. We would respectfully request that the penalties be abated. Please find a the UBR for 2003 and a \$150 check.

If I can provide any further information, please contact me at the address and/or telephone numbers above.

Sincerely,

  
Paul Franson, CPA