

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 17 AM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 35315

1. Corporation Name
Key Notice & Fanny Herrera Shows and Sports Events
PORMOTERS. CORP

2. Principal Office Address - no P.O. Box #

3901 S OCEAN DRIVE

Suite, Apt. #, etc.

PH 169

City & State

Hollywood, FL

Zip

33019

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/01/2002

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

FANNY HERRERA

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

3901 S OCEAN DRIVE

Suite, Apt. #, Etc.

PH 169

City

Hollywood

State

FL

Zip Code

33019

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08/16/07

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	FANNY HERRERA	3901 S OCEAN DRIVE	PH 169 Hollywood FL 33019
VP	JESUS REY	3901 S OCEAN DRIVE	PH 169 Hollywood FL 33019

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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 contained in Chapter 119, 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

08/16/07

Daytime Phone #