H04000226203

APPROVED AND FILED 04 NOV 12 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000039569

1. Corporation Name
ALTERNATIVE ENTERTAINMENT, INC

401 GOLDEN ISLES DRIVE
401 GOLDEN ISLES DRIVE

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
401 GOLDEN ISLES DRIVE	401 GOLDEN ISLES DRIVE
Suite, Apt. #, etc.: #409	Suite, Apt. #, etc.: #409
City & State: HALLANDALE BEACH, FL	City & State: HALLANDALE BEACH, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 04/11/2002

5. FEI Number 43-1959717 ☐ 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: ROBSON R DE REZENDE

Street Address (P.O. Box Number is Not Acceptable): 401 GOLDEN ISLES DRIVE

Suite, Apt. #, Etc.: #409

City: HALLANDALE BEACH State: FL Zip Code: 33009

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: Robson Rezende Date: 11/10/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	ROBSON R DE REZENDE	401 GOLDEN ISLES DRIVE, #409	HALLANDALE BEACH, FL 33009

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: Robson Rezende 11/10/04 954-455-4902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : WERMUTH LAW, P.A.
Account Number : I20020000138
Phone : (305)715-7157
Fax Number : (305)715-8982

CORPORATION REINSTATEMENT

ALTERNATIVE ENTERTAINMENT INC.

Certificate of Status	0
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