

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000050216

1. Corporation Name

ThreeOaks Entertainment Group Inc.

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

Parisienne Place

Suite, Apt. #, etc.

5240

City & State

Sarasota FL

Zip

34238

Country

US

3. Mailing Office Address

Parisienne Place

Suite, Apt. #, etc.

5240

City & State

Sarasota FL

Zip

34238

Country

US

7. Name and Address of Current Registered Agent

Name

David Barrett

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

Parisienne Place

Suite, Apt. #, Etc.

5240

City

Sarasota

State

FL

Zip Code

34238

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

David Barrett

REGISTERED AGENT MUST SIGN

Date **March 7 2008**

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	David Barrett	5240 Parisienne Place	Sarasota FL 34238
D	Dale Morgan Alper	5240 Parisienne Place	Sarasota FL 34238

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:

David Barrett

David Barrett

March 7 2008

(941) 9269843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200119832832
03/10/08--01049--020 **600.00

REINSTATEMENT 05-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/06/2002

5. FEI Number
020595699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

☒ 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.