

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 1:41

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 02000051745

**1. Corporation Name**

CSCM ENTERTAINMENT INC

700031366067  
04/09/04--01034--002 \*\*150.00

**2. Principal Office Address**

1714 NE 51 ST STREET

Suite, Apt. #, etc.

POMPANO BEACH

City & State

POMPANO BEACH, FLORIDA

Zip

33064

Country

USA

**3. Mailing Office Address**

1714 NE 51 ST STREET

Suite, Apt. #, etc.

POMPANO BEACH

City & State

POMPANO BEACH, FLORIDA

Zip

33064

Country

USA

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

5. FEI Number  
04-3683172

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

SILVA, CHERRILYN M

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

1714 NE 51 ST

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Date

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
D	SILVA, CHERRILYN	1714 NE 51 ST	POMPANO BEACH FLORIDA 3306
D	MOLINA, MARIA C	7418 HARDING AVE APT # 4	MIAMI BEACH FLORIDA 33141

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:

Maria C. Molina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04

305 323 2615

282

From: Maria C Molina  
Director  
CSCM Entertainment Inc  
3681 SW 20<sup>th</sup> street  
Coral Gables  
Florida - 33145

To : The Florida Department of Revenue  
Division of Corporation  
P.O Box # 6327  
Tallahassee, Florida - 32314

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**Sub: Reinstatement of Corporation – CSM ENTERTAINMENT INC.**  
**# P02000051745**

Dear Sir / Madam:

We noticed from the web site that our corporation is in inactive status due to the non-filing of UBR. Please note that we never received any reminder letter from you and the corporation is registered only on May 10, 2002.

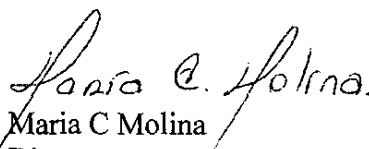
**Since we have not received any prior notice for UBR, We request you to please wave any additional reinstatement fee or penalty.**

I hereby enclose a fee of \$ 150.00 as renewal fee and a reinstatement application form. We will do the renewal of the corporation for the year 2004 immediately after reinstating our corporation.

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~~Should you have any questions Please call our accountant at (954) 270 7849~~

Sincerely,

  
Maria C Molina  
Director