

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070654

1. Corporation Name

Northeast Florida Entertainment, Inc.

2. Principal Office Address - No P.O. Box #
5133 Soutel Drive

3. Mailing Office Address
P.O. Box 40181

Suite, Apt. #, etc.
Suite # 8

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32208 Duval

Zip Country
32203 Duval

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** June 26, 2002

5. FEI Number
03-0460538

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
Anthony Gomes

Street Address (P.O. Box Number is Not Acceptable)
5133 Soutel Dr

Suite, Apt. #, Etc.
Suite #8

City
Jacksonville

State Zip Code
FL 32208

☒ 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

Anthony Gomes

REGISTERED AGENT MUST SIGN

Date **06/30/2009**

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/D	Anthony Gomes	5133 Soutel Dr #8	Jacksonville, FL 32208
D	Minnie Williams	5133 Soutel Dr #8	Jacksonville, FL 32208
D	Robert Jackson	5133 Soutel Dr #8	Jacksonville, FL 32208

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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:

Anthony Gomes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Gomes

06/30/2009
Date

(904) 353-8876
Daytime Phone #