

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000081345

1. Corporation Name

SABROSO ENTERTAINMENT INC.

Principal Place of Business

111 SUE DR.  
ALTAMONTE SPRINGS FL 32714

Mailing Address

111 SUE DR.  
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2002

5. FEI Number

68-0591648

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Ricardo A. Collado Jr.	111 SUE DR Altamonte Springs, FL 32714	
V.Pres.	Nancy Collado	111 SUE DR Altamonte Springs, FL 32714	
Treasure	Martha Collado	111 SUE DR Altamonte Springs, FL 32714	
Sec.	Ricardo A. Collado Sr.	111 SUE DR Altamonte Springs, FL 32714	

8. Name and Address of Current Registered Agent

COLLADO, RICARDO A JR.  
111 SUE DR  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/01/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/03

Daytime Phone #

4075792411

FILED

03 DEC 26 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)



**Sabroso Entertainment Inc.**  
**111 Sue Dr.**  
**Altamonte Springs, FL 32714**  
**(407) 579-2411**  
**sabrosoentertainment@hotmail.com**  
**www.sabrosoentertainment.com**

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December 1, 2003

To-Whom It May Concern:

This letter is to inform you that we did not receive any previous correspondence in the mail about the annual report that corporations must file. We have had problems receiving mail since we started business in July of 2002.

We have enclosed a check for the \$150.00 filing fee. Please waive the \$600.00 late fee. We recently receive the last notice and have enclosed all requirements to remain active.

Thank you for understanding.

Sincerely,

**Ricardo A. Collado Jr.**  
**President/Owner**