

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 10 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082543

1. Corporation Name

SWEDISH SINGING DIVA FISH ENTERTAINMENT, INC.

2. Principal Office Address

2083 ALOMA AVENUE

Suite, Apt. #, etc.

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

USA

3. Mailing Office Address

2083 ALOMA AVENUE

Suite, Apt. #, etc.

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida JULY 30, 2002

5. FEI Number

020636786

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

PHILIP TATICH

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

341 NORTH MAITLAND AVENUE

Suite, Apt. #, Etc.

SUITE 340

City

MAITLAND

State  
**FL**

Zip Code  
32751

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

REGISTERED AGENT MUST SIGN

Date FEBRUARY 6, 2004

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/ST/D	MICHAEL MCKENNA	2083 ALOMA AVENUE	WINTER PARK, FLORIDA 32792
D	DOUG BANGLE	518 PONCA TRAIL	MAITLAND, FLORIDA 32751

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:

Doug Bangle, Director

02/06/2004

407/629-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)