

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

07 APR 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000099873

1. Corporation Name

Glorioso Pewonski Entertainment, Inc.

192

2. Principal Office Address - No P.O. Box #  
936 Wedgewood Lane

3. Mailing Office Address  
P.O. Box 6629

**REINSTATEMENT 04-07**  
CR2E081 (1/07) *pse*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lakeland, Florida

City & State  
Lakeland, Florida

Zip  
33813

Country  
USA

Zip  
33807

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 09/16/2002

5. FEI Number  
010742290

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  
Mark F. Dahle

Street Address (P.O. Box Number is Not Acceptable)  
5110 South Florida Avenue

Suite, Apt. #, Etc.  
105

City  
Lakeland, Florida

State Zip Code  
FL 33813

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

*Mark F. Dahle*  
REGISTERED AGENT MUST SIGN

Date April 24, 2007

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	Anthony J. Pewonski	936 Wedgewood Lane	Lakeland, Florida 33813
			100099752191

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 J. Pewonski*

Anthony J. Pewonski

4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 871752 88335A

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 600.00

*[Handwritten initials]*

ORDER DATE : April 27, 2007

ORDER TIME : 10:57 AM

ORDER NO. : 871752-005

CUSTOMER NO: 88335A

DOMESTIC FILINGS

NAME: GLORIOSO PEWONSKI  
ENTERTAINMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS

*[Handwritten initials: DSC 4/27/07]*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07 APR 27 PM 12:29

RECEIVED