## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	NOV -9 AM 11: 49	
DOCUMENT # Po 3 00000 7 14 φ 1. Corporation Name	PILLIÄRT OF STATE LÄHASSEE, FLORIDA	
DALUV CIRCUIT CHTECTAINMENT INC-	T (6 ~~	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address REINSTATEMEN	65-0)	
934 N UNMERSTEY DR Ne # CRZEO81 (1/0	07)	
Suite, Apt. #, etc.  4. Date Incorporated or Qualified	4/03	
City & State Coral Springs City & State Coral Springs 5. FEI Number 56 232 6376	Applied For Not Applicable	
Zip Country Zip Country	8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent		
The reinstatement fee is in	· · · · · · · · · · · · · · · · · · ·	
Street Address (P.O. Box Number is Not Acceptable)  934 N UN MURSHy DRM  are certifying the prior r	king this box, you	
Suite, Apt. #, Etc. received and requesting t	received and requesting the reinstatement	
City State Zip Code FL 3507; 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.s.	
Signature of Registered Agent Date 11/5/57  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 Street Address of Each Officers and/or Directors Officer and/or Director City / St	State / Zip	
P Stene Cenatus 934 N UNINCESTY DE CORD SPRINGS	r F/ 33571	
11/09/070104601	7509	
<u> </u>	13 **450.00	
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: ALLE CONTROL 11/5/07 754 3666362  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

## Daluv Circuit Entertainment

November 5, 2007

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this letter to inform you that our check received for renewing our company was returned due to fraudulent activity in our bank account. Please accept our apologies for this matter. Furthermore, notices were not received for the returned check or the renewal letter for 2005 or 2006, due to fraudulent activity with our mail being forwarded to another location. At this time we would like to send a money order for the amount of \$450.00 to renew our company up to day without the penalty charges.

Sincerely,

Steve Cenatus President

1-877-903-2588

Daluv Circuit Entetainment

934 North University Drive #403 - Coral Springs, FL. 33071