

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -3 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102014

1. Corporation Name

THE TICKET SHOP, INC.

REINSTATEMENT

CRZE081 (12/08)

04-09

2. Principal Office Address - No P.O. Box #
2426 SAN PIETRO CIR

3. Mailing Office Address
2426 SAN PIETRO CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

Zip Country
33410 US

Zip Country
33410 US

4. Date Incorporated or Qualified
To Do Business in Florida 09/17/2003

5. FEI Number ☒ 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
SHARON RIECK

Street Address (P.O. Box Number is Not Acceptable)
2426 SAN PIETRO CIR

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS

State Zip Code
FL 33410

☐ 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

Sharon Rieck
REGISTERED AGENT MUST SIGN

Date 1/19/09

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	SHARON RIECK	2426 SAN PIETRO CIR	PALM BEACH GARDENS, FL 33410

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03/03/09--01012--019 **1500.00

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:

Sharon Rieck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/09
Date

Daytime Phone #

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