


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b> <i>UBR</i></div><div style="text-align: center;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: right;">FILED 05 DEC 12 PM 9: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>DOCUMENT #</b> <i>P03000136978</i>			
<b>1. Corporation Name</b> <i>SG Entertainment</i>			
<b>2. Principal Office Address</b> <i>5475 Vineland Rd</i> Suite, Apt. #, etc. <i>Suite #8214</i> City & State <i>Orlando, FL</i> Zip <i>32811</i> Country <i>U.S.A</i>		<b>3. Mailing Office Address</b> <i>(SAME)</i> Suite, Apt. #, etc.  City & State  Zip  Country	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>11/20/2003</i>		<b>5. FEI Number</b> <i>20-0468993</i>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Name and Address of Current Registered Agent</b>			
Name <i>Corporate Creations Network Inc</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>11380 Prosperity Farms Road</i>			
Suite, Apt. #, Etc. <i>821 E</i>			
City <i>Palm Beach Gardens</i>		State <b>FL</b>	Zip Code <i>33410</i>
<b>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.</b>			
Signature of Registered Agent _____ Date _____			
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>JAMES A Gilchrist</i>	<i>5475 Vineland Rd #8214 Suite 32811</i>	<i>Orl, FL 32811</i>
<b>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.</b>			
<b>SIGNATURE:</b> <i>James A. Gilchrist</i>		<i>Dec 7, 2005</i>	<i>678-612-3826</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #