

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 12 PM 2:01
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000146187

1. Corporation Name

Morgan Renee Entertainment, Inc.

2. Principal Office Address

4521 PGA Blvd.

Suite, Apt. #, etc.

Suite 137

City & State

Palm Beach Gardens, FL

Zip

33418

Country

3. Mailing Office Address

4521 PGA Blvd.

Suite, Apt. #, etc.

Suite 137

City & State

Palm Beach Gardens, FL

Zip

33418

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/03

5. FEI Number

20-0444570

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

Domenick R. Lioce

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

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 1200

City

WestPalm Beach

State

FL

Zip Code

33401

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-5-06

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/P S/T	Randy E. Carillo	4521 PGA Blvd., Suite 137	Palm Beach Gardens, FL 33418
		<i>[Signature]</i>	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

(561) 351-7466
Daytime Phone #