

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000031646

1. Corporation Name

Teflon Entertainment & Records, inc.

2. Principal Office Address

2600 N.W. 56 Ave

Suite, Apt. #, etc.

C-103

City & State

Lauderhill, FL

Zip

33313

Country

Broward

3. Mailing Office Address

2600 N.W. 56 Ave

Suite, Apt. #, etc.

C-103

City & State

Lauderhill, FL

Zip

33313

Country

Broward

REINSTATEMENT
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-04

5. FEI Number

02-0790567

☐ 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

Accubis, INC.

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

7618 Dillido Blvd.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

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

Gabriel Augustin

Date

11-7-06

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Raphael Augustin	2600 N.W. 56 Ave apt. C-103	Lauderhill, FL 33313
V-P	Edwin Henry	5675 Roswell Road apt 32F	Atlanta, GA 30342

100081295491
11/17/06--01010--024 **300.00

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:

Gabriel Augustin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-06

Date

(786) 486-5354

Daytime Phone #

2527

I did not receive the annual report notice. The notice was not forwarded to our new address when we changed are location. Ill make sure that this doesn't happen again.

Sincerely,

Raphael Augustin

A handwritten signature in cursive script that reads "Raphael Augustin". The signature is written in black ink and is positioned below the printed name.