


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | |
|--------------------------------------|--|
| CORPORATION REINSTATEMENT |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|--|


FILED
06 JAN 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800065577248
02/10/06--01042--012 **300.00
CR2E081 (12/05)


| | | | |
|---|-----------------------|--|-----------------------|
| DOCUMENT # P04000035286 | | | |
| 1. Corporation Name UNCLE LOU'S ENTERTAINMENT HALL, INC | | | |
| 2. Principal Office Address 4992 LUNA NEGRA DR | | 3. Mailing Office Address 4992 LUNA NEGRA DR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORLANDO, FLORIDA | | City & State ORLANDO, FLORIDA | |
| Zip 32811 | Country USA | Zip 32811 | Country USA |

| | |
|---|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 02-19-2004 | |
| 5. EEI Number 74-3116100 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|---|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name NANNETTE WASHINGTON | | |
| Street Address (P.O. Box Number is Not Acceptable) 4992 LUNA NEGRA DR | | |
| Suite, Apt. #, Etc. | | |
| City ORLANDO, FLORIDA | State FL | Zip Code 32811 |

| | |
|---|-------------------------|
| 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  | Date 11/17/06 |
| 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 |
| PSTD | NANNETTE WASHINGTON | 4992 LUNA NEGRA DR | ORLANDO, FL 32811 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|--|
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 11/17/06 Daytime Phone # |

1/17/06 ^{page 2}

To; Whom it may concern
I Nannette Washington, the President
of UNCLE Lou's Entertainment is
requesting for the reinstatement
fee of \$600 to be waived
for the year 2005. The reason
for the request, is because

I did not receive the
Corporations Annual report
Dues notice, Due to the
relocation to my present
address. Enclosed here, in the
amount of \$300 money order
is for the years of 2005,
and 2006.

Sincerely,

Nannette Washington
President

Doc# P04000035280