

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAR -9 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000038094

1. Corporation Name

DETERMINED MINDZ ENTERTAINMENT, INC

2. Principal Office Address - No P.O. Box #

814 Poplar Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13704

Suite, Apt. #, etc.

City & State

LAKE PARK, FL.

City & State

FORT PIERCE, FL.

Zip

33403

Country

USA

Zip

34979

Country

USA

100145328641  
03/09/09--01051--006 \*\*8.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

050597408

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

JOHN W. PIERCE, JR.

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

814 POPLAR DRIVE

Suite, Apt. #, Etc.

City

LAKE PARK

State

FL

Zip Code

33403

☐ 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

REGISTERED AGENT MUST SIGN

Date 03/05/2009

**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/T	JOHN W. PIERCE, JR.	814 Poplar Drive	Lake Park, FL 33403
V/P	JOHNNY JOHNSON	815 23rd PL. S.W.	VERO BEACH, FL 32962
M	ANTONIO L. J. PIERCE	516 Park Place (Apt 3)	WEST PALM Bch., FL 33401
S	BRENDA G.W. ISBELL	814 Poplar Drive	LAKE PARK, FL 33403

100145328641  
03/09/09--01051--004 \*\*1000.00

100145328641  
03/09/09--01051--005 \*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2009

Date

Daytime Phone #