


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 FEB -5 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P04000059962							
1. Corporation Name GARD ENTERTAINMENT INC.							
2. Principal Office Address - No P.O. Box # 6800 Broken Sound Parkway Suite, Apt. #, etc. 2nd Floor City & State Boca Raton, FL Zip 33487				3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country			
				4. Date Incorporated or Qualified To Do Business in Florida 04/07/2004			
				5. FET Number 20-0988940		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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street State, Apt. #, Etc. City Tallahassee							
				State FL			
				Zip Code 32301			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent <i>Lin. Quella</i> Date 02/04/2014 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				
Dir	Dan Staton	6800 Broken Sound Parkway, 2nd Fl	Boca Raton, FL 33487				
Dir	Marc Bell	6800 Broken Sound Parkway, 2nd Fl	Boca Raton, FL 33487				
Pres	Marc Bell	6800 Broken Sound Parkway, 2nd Fl	Boca Raton, FL 33487				
Sec	Dan Staton	6800 Broken Sound Parkway, 2nd Fl	Boca Raton, FL 33487				
REINSTATEMENT			FEB 05 2015				
			R. HUNT				

10. E-mail Address: scralino@marcbell.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Marc Bell

Marc Bell- President

2/4/2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 490507 7460691
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,050.00

ORDER DATE : February 4, 2015

ORDER TIME : 9:40 AM

ORDER NO. : 490507-005

CUSTOMER NO: 7460691

DOMESTIC FILINGS

NAME: GARD ENTERTAINMENT INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 FEB 05 2015

EXAMINER'S INITIALS R. HUNT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB -5 AM 11:01
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING