

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 12 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **004000061493**

1. Corporation Name

Tommy Gunn Entertainment, LLC

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

7515 W OAKLAND PARK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

33319

Country

US.

Zip

Country

000157101630
06/12/09--01084--015 **150.00

02/24/09 01012 007 300.00

REINSTATEMENT 07-09

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

4/13/04

5. FEI Number

20-1092605

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

BEN BURKE

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

7515 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.

103

City

FT. LAUDERDALE

FL

**Zip Code
33319**

☐ 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

B. Burke

Date

6/8/09

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	Thomas Strada	7515 W OAKLAND PARK #103	FT. LAUDERDALE FL 33319

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:

Tommy Strada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/09

Date

818-518-6933

Daytime Phone #