

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000068291

1. Entity Name
GROUND PLAY ENTERTAINMENT, INC.



FILED

06 MAR 13 PM 12: 22

Principal Place of Business
6207 TAMiami CANAL RD.
MIAMI, FL 33126

Mailing Address
6207 TAMiami CANAL RD.
MIAMI, FL 33126

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



02202006 REIN-P CR25098 (11/05)

2. Principal Place of Business
14010 S.W. 93 LANE

3. Mailing Address
14010 S.W. 93 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-4339249

Applied For -

Not Applicable

Zip

33180

Country

Miami-Dade

Zip

33180

Country

Miami-Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLON, KIERAN P
436 SW 8TH ST.
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

JOSE JOEL RIVERA

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

14010 S.W. 93 LANE

City

Miami

FL

Zip Code

33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

President

DATE

2/20/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVERA, JOSE J
STREET ADDRESS 6207 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE D
NAME BRACHA, DAVID
STREET ADDRESS 6207 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI, FL 33126 ☒ Delete

TITLE D
NAME RIVERA, JUAN G
STREET ADDRESS 6207 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI, FL 33126 ☒ Delete

TITLE D
NAME SUMMERS, CORNELL A
STREET ADDRESS 6207 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI, FL 33126 ☒ Delete

TITLE D
NAME STANLEY, MARRICE
STREET ADDRESS 6207 TAMiami CANAL RD.
CITY-ST-ZIP MIAMI, FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT Director
NAME RIVERA, JOSE JOEL
STREET ADDRESS 14010 S.W. 93 LANE
CITY-ST-ZIP MIAMI FL 33180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/06 (305) 610-1279
Daytime Phone #