

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 10 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # D04000070812

**1. Corporation Name**

STREET SMART ENTERTAINMENT, INC

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

2237 FLORIDA BLVD

Suite, Apt. #, etc.

SUITE #1

City & State

DELRAY BEACH, FL

Zip

33483

Country

FLORIDA

**3. Mailing Office Address**

2237 FLORIDA BLVD

Suite, Apt. #, etc.

SUITE #1

City & State

DELRAY BEACH, FL

Zip

33483

Country

FLORIDA

**7. Name and Address of Current Registered Agent**

Name

EUGENE BEAUFORD

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

2237 FLORIDA BLVD

Suite, Apt. #, Etc.

SUITE #1

City

DELRAY BEACH

State

FL

Zip Code

33483

**REINSTATEMENT 05-07**

CR2E081 (1/07)

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

5/8/07

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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

Eugene Beauford  
REGISTERED AGENT MUST SIGN

Date 5/8/07

**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
CEO	EUGENE BEAUFORD	2237 FLORIDA BLVD	DELRAY BEACH, FL 33483
pres.	GILIA BEAUFORD	2237 FLORIDA BLVD	DELRAY BEACH, FL 33483
			400103230184 05/24/07--01061--013 **450.00
			400103230184 05/24/07--01061--014 **8.75

**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:

Eugene Beauford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/07  
Date

(561) 305-2220  
Daytime Phone #

25/17