

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000162955**

1. Corporation Name

Foldensilk Entertainment

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

14411 Commerce Way

Suite, Apt. #, etc.

Suite 320

City & State

Miami Lakes Florida

Zip

33016

Country

USA

3. Mailing Office Address

P.O. Box 471

Suite, Apt. #, etc.

City & State

Old Bridge

Zip

08857

Country

U.S.A

REINSTATEMENT 07-10

800180986598

05/17/10--01056--013 **608.75

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/04

5. FEI Number

20-1967169

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terrance Bell

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

16552 S.W. 39 Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

Date **05/13/10**

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
C.E.O.	Terrance Bell	P.O. BOX 471 Old Bridge	Old Bridge N.J. 08857
Vice President	Latifa Bell	2701 Birchwood Ct	New Brunswick N.J. 08901
V	Jonathan Black	16552 S.W. 39 Street	Miramar F.L. 33027

10. E-mail Address: **troybell06@gmail.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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/10

Date

(732) 977-1474

Daytime Phone #