## 2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P0500036141  1. Entity Name DLS ENTERTAINMENT MANAGEMEÑT, INC.						FIL 09 DEC 30	ED PH 4:41	I	
Principal Place of Business						SECRETAR TALLAHASS	Y OF STATI SEE, FLORII	E DA	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8994 NW 187 Steel Suite, Apt. #, etc.				7th street		REIN-P	CR2E098 (	1/07)	
City & State M I A Zip	MI,FL Country		Country		4. FEI Number 20-2488		\$8.7	<del></del>	Applicable
			<u>usa</u>				— Fee R	equired	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name BERLARDING DE Los Squitos  Street Address (P.O. Box Number is Not Acceptable) T  PEMBROKE PINES, FL 33026									
	named entity submits this statement for logs of registered agent.	the purpose of changing its regi	City <b>H</b>	l 🕰 🗷	4 \ ed agent, or both	n, in the State of Flo			218
SIGNATURE Bends ke les Solts Prendet  Signature, typed or printed raine of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00						In accordance v corporation did			
10.	OFFICERS AND [	DIRECTORS	11.			CHANGES TO OFF			IN 11
TITLE NAME STREET ADDRESS CITY+ST+7IP	D DE LOS SANTOS, BERNARDINO 1000 N. HIATUS RD. PEMBROKE PINES, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pers Ber	NAPAIN ALVINET	o de Los.	Sactos	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST+7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		20 12/30	00 <b>1</b> 393 /0801034		hange 2 158.7	□ Addition
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TITLE NAME STREET ADDRESS CITY: ST: 7IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. Thereby 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									