

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO5000050495

1. Corporation Name

THE MAIN EVENT GROUP, INC.

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

1417 CAPRI LANE

Suite, Apt. #, etc.

3803

City & State

WESTON FL

Zip

33326

Country

USA

3. Mailing Office Address

SAME AS Principal

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-07

CR2E081 (1/07)

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

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.

7. Name and Address of Current Registered Agent

Name MICHAEL A. SAMUDA

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

9050 PINES BLVD

Suite, Apt. #, Etc.

SUITE # 300

City PEMBROKE PINES

State FL

Zip Code 33024

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

REGISTERED AGENT MUST SIGN

Date 10/26/2007

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
D.	SHANNA M. MARCH	1417 CAPRI LN #3803 WESTON FL 33326	WESTON FL 33326
D.	FREDERICK MARCH	1417 CAPRI LANE	WESTON FL 33326
D.	JANICE MARCH	1417 CAPRI LANE	WESTON FL 33326
D.	KAREN WONG	11981 NW 26th St PLANTATION FL 33323	PLANTATION FL 33323

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:

Shanna March

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2007

Date

Daytime Phone #

(954)
235-
4981

As per telephone conversation with Mark @ Capital Connections. 11/01