

FROM : LAZARUS

FAX NO. : 3052201440

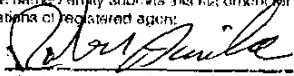
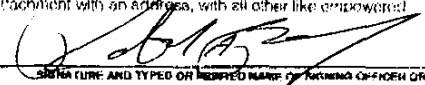
Mar. 23 2007 10:03AM P1/1

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000106039					
Entity Name: AMUSEMENT & ENTERTAINMENT CENTER CORP.					
Principal Place of Business			Mailing Address		
1140 W. 25TH ST., SUITE 01 HIALEAH, FL 33012			1140 W. 25TH ST., SUITE 01 HIALEAH, FL 33012		
Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AVILA, ROBERTO 1140 W. 25TH ST., SUITE 01 HIALEAH, FL 33012				Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
The above named entity submits this document 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)  DATE: 3/23/07 (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TEL NAME	PD FRAU, ROBERTO A	☐ Delete	TEL NAME	☐ Change ☐ Addition	
STREET ADDRESS	1140 W. 25TH ST., SUITE 01		STREET ADDRESS	600095821586	
CITY-STATE-ZIP	HIALEAH, FL 33012		CITY-STATE-ZIP	04/05/07--01010--008 **300.00	
TEL NAME		☐ Delete	TEL NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TEL NAME		☐ Delete	TEL NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TEL NAME		☐ Delete	TEL NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TEL NAME		☐ Delete	TEL NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
2. 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: 			03/23/2007		
SIGNATURE AND TYPED OR IMPRINTED NAME OF RETURNING OFFICER OR DIRECTOR			Date Daytime Phone #		