

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000123917

1. Corporation Name

Intra-Coastal Entertainment
Holdings Inc.

000089982880
03/02/07--01004--011 **158.75

REINSTATEMENT 06-07

CR2E081 (1/07)

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

c/o Perry Burkett, Esq
617 Eleventh Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
c/o Perry Burkett, Esq
617 Eleventh Avenue
Suite, Apt. #, etc.

City & State

New York, New York

City & State

New York, New York

Zip

10036

Country

USA

Zip

10036

Country

USA

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

9/8/05

5. FEI Number

04-3825765

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT GANS

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

428 Addison Park Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432



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

Robert Gans

Date 2/8/07

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
Pres	Robert Gans	428 Addison Park Lane	Boca Raton, Florida 33432

000089982880
03/02/07--01004--012 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gans

2/8/07

Date

(212) 246-9090

Daytime Phone #

B. Mitchell FEB 26 2007