PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 12 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06-71659

1. Corporation Name: Full Circle Entertainment

REINSTATEMENT 07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5480 FoxHollow DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca RATON FLORIDA	City & State
Zip: 33428 Country: Palm Beach	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 22, 2006

5. FEI Number: 51-0593793 ☐ 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: Anthony Bisignano
Street Address (P.O. Box Number is Not Acceptable): 5480 FoxHollow DRive
Suite, Apt. #, Etc.:
City: Boca RATON FLORIDA State: FL Zip Code: 33428

☒ 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: Anthony Bisignano Date: 10/1/07
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
President	Anthony Bisignano	5480 FoxHollow DRive	Boca RATON FL. 33486
Secretary	Roger COBBS	395 shadow wood LANE	COCAL SPRINGS FL 33071
Treasurer	ERIC Richardson	5480 FoxHollow DRive	Boca RATON FL 33486
		$ 10/15	600110747586 10/12/07--01060--001 **150.75

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: Anthony Bisignano 10/1/07 561-866-5483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #