

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 PM 1:18

DOCUMENT # P06000092633

1. Corporation Name

MOVIDA NOCTURNA ENTERTAINMENT, INC.

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

17145 NW 23 Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida 33028

Zip

33028

Country

US

3. Mailing Office Address

17145 NW 23 Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida 33028

Zip

33028

Country

US

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

5. FEI Number

20-5197068

☒ 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

GUSTAVO LAINETTE

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

17145 NW 23 ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33028

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/30/08

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.	Patricia Paez	17145 NW 23 Street	Hollywood, Florida 33028
DIR.	Gustavo E. Lainette	17145 NW 23 Street	Hollywood, Florida 33028

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

Gustavo Lainette

Date

03/17/08

Daytime Phone #

(954) 6387769