FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

09 MAR 25 PM 1: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P06000096928

1. Corporation Name

ABC ENTERTAINMENT, INC

	W09-10848							- 0
I .		Office Address 7 19 STREET		REINSTATEMENT 07-09				
Suite, Apt. #, etc. Suite, Apt. #		etc.						
							porated or Qualified iness in Florida 07/24/20	006
		City & State MIRAMAI	City & State MIRAMAR, FL			5. FEI Number Applied For Not Applied Applied For		
^{Zip} 33027	Country USA	Zip 33023		Countr	· 1	6.	S8.75	Additional Fee required a Certificate of Status
	7. Name and Address	of Current Regis	stered Age	nt				
Name WILFREDO CARABALLO						☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Add 6412 S				the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt.	:		received and requesting the reinstatement fee be waived.					
City MIRAN	FL 33023			. 100 DS Walved.				
8. 1, being Signature o Registered	g appointed the registered agent of the all	powe fremed corpo	oration, am t	familiar wi	ith and accept the obl	ligations of section	on 607.0505 or 617.0503, F.S. Date 3/3/0	19
9. Names	s and Street Addresses of Each Officer a	ind/or Director (Fig	orida nonpre	ofit corpor	rations must list at lea	st 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State /	/ Zip
Ф	WILFREDO CARABALLO		6412 5	3412 SW 19 STREET			MIRAMAR, FL 33023	1
S	ANISHA PIERRE	6412 SW 19 STREET				MIRAMAR, FL 33023	ļ	
R	EINSTATE	د ۱۲۱۷				03/06/	014514718 0901027015 **	37 *300.00
		i				70	0014514718 /09 01007 009 *	37
	RH	-					/U9U1UU7UUS* 	**15U.UU

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 filling 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 eignature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/09

Daytime Phone #