

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 21 PM 4:25

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06 000109755**

1. Corporation Name

**PARRISCOPE ENTERTAINMENT, INC.**

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

**723 Baker Ave**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32209**

Country

**USA**

3. Mailing Office Address

**723 Baker Ave**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32209**

Country

**USA**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**August 23 2006**

5. FEI Number

**20-5419755**

☐ 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

**Charlotte Perkins**

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

**801 Faith St. NE**

Suite, Apt. #, Etc.

City

**Palm Bay**

State

**FL**

Zip Code

**32905**

**900188911939**  
12/22/10--01003--001 \*\*500.00

**900188911939**  
12/22/10--01003--002 \*\*77.50

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

Date

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
D	Elisha M. Parris, Jr.	723 Baker Ave	Jacksonville, FL 32209
D	Robin Williams	723 Baker Ave	Jacksonville, FL 32209
D	Charlotte Perkins	801 Faith St. NE	Palm Bay, FL 32905

10. E-mail Address: **charlotte.perkins@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify 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

**12/17/2010 321-243-0070**

Date

Daytime Phone #