

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000019085

1. Corporation Name

R.L. Platinum Entertainment Inc

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

12746 W. Dixie Hwy

Suite, Apt. #, etc.

City & State

North miami, FL

Zip

33161

Country

Dade

3. Mailing Office Address

13010 NW 1st St

Suite, Apt. #, etc.

#104

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/07

5. FEI Number

77-0672482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rodrigue LaFrance

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

13010 NW 1st St

Suite, Apt. #, Etc.

#104

City

Pembroke Pines

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

Rodrigue LaFrance

REGISTERED AGENT MUST SIGN

Date 2-18-2010

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.	Rodrigue LaFrance	13010 NW 1st St #104	Pembroke Pines FL 33028
Admin.	Pricia La France	13010 NW 1st St #104	Pembroke Pines FL 33028
mgr.	Jarly Clersainville	890 NE 134th St.	NM, FL 33161
Lead band	Ambroise J. Wilkens	890 NE 134th St.	North miami, FL 33161

10. E-mail Address: LaFranceentertainment@yahoo.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: Rodrigue LaFrance

FILED

10 MAR 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/23/10--01003--008 **8.75

200170223672
02/23/10--01003--007 **300.00

REINSTATEMENT 08-10

3/19/20