PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JAN 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019713 (5)

1. Corporation Name
STING ENTERTAINMENT CORP.

Principal Place of Business	Mailing Address
6029 MIRAMAR PKWY MIRAMAR FL	18199 N.W. 61 CT. MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 03/12/93

5. FEI Number 65-0419554 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	EDWARDS, CARSON	18199 N.W. 61 CT.	MIAMI FL 33015
VD	ELCOCK, RICHARD	5546 N.W. 190 LN	MIAMI FL 33055
TD	MANDULEY, GEORGIA	3505 CLOVERLEAF CIR	HOLLYWOOD FL 33021
SD	BURKE, RONALD A	11601 N.W. 14 CT	PEMBROKE PINES, FL

200000241003 330203
-01/23/98--01029--006
****900.00 ****900.00

REINSTATEMENT 97-98 G. Allan Jan. 21, 1998

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BLOOM, LEONARD H. 1101 BRICKELL AVE MIAMI FL 33131	Name: EDWARDS, CARSON Street Address (P.O. Box Number is Not Acceptable): 18199 N.W. 61 COURT Suite, Apt. #, Etc.: City: MIAMI State: FL Zip Code: 33015

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 1/20/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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

1/20/98 Date

305-891-1242 Daytime Phone #