

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -6 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000031588**

1 Corporation Name

SBF ENTERTAINMENT CORPORATION

Principal Place of Business

Mailing Address

35354 STATE RD 54W
ZEPHYRHILLS FL 33541
US

35354 STATE RD 54 W
ZEPHYRHILLS FL 33541
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3167603

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SIMPSON, DONALD G	5050 LAKE VALENCIA BLVD W	PALM HARBOR FL 34684
STD	FOSS, CONRAD P	5318 LOCHMEAD TERR 5125 Epping Ln.	ZEPHYRHILLS FL 33541

000002022540--S
-12/06/96--01088--007
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMPSON DONALD B
5050 LAKE VALENCIA BLVD W
PALM HARBOR FL 34684

Name **Conrad P. Foss**
Street Address (P.O. Box Number is Not Acceptable)
5125 Epping Ln.
Suite, Apt. #, Etc.

City **Zephyrhills FL**

State **FL** Zip Code **33541**

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

Conrad P. Foss

REGISTERED AGENT MUST SIGN

Date **12.4.96**

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:

Conrad P. Foss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12.4.96**

(813) 783-8888
Daytime Phone #