PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 17 PM 3:14

DOCUMENT # P94000045850

1. Corporation Name

Continental Performances, Inc.

REINSTATEMENT 95-00

2. Principal Office Address	3. Mailing Office Address
3892 Prospect Ave., #3	3892 Prospect Ave., #3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Beach, FL 33404	City & State: Riviera Beach, FL 33404
Zip / Country: USA	Zip / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/20/94

5. FEI Number: NONE — 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: Gregory A. Scirrotto

Street Address (P.O. Box Number is Not Acceptable): 3892 Prospect Ave., #3

Suite, Apt. #, Etc.:

City: Riviera Beach | State: FL | Zip Code: 33404

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: X Gregory A. Scirrotto — REGISTERED AGENT MUST SIGN — Date: 561-820-9228

CRPF081 (8/98)

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	Gregory A. Scirrotto	3892 Prospect Ave., #3	Riviera Beach, FL 33404

7/14/17

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 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: X Gregory A. Scirrotto — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 07/14/00 — Daytime Phone #: 561-820-9228

Jul 17 '00 15:40 P.02

C10S4-33374

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

CORPORATION REINSTATEMENT

CONTINENTAL PERFORMANCES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,500.00