PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM		
FOR BEINSTATEMENT	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	, FILED
DOCUMENT # P940000/1520		96 DEC 30 AM 10: 23
Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ABSOLUTE ENTERTHINMENT, INC		
Principal Place of Business Mailing Address  43.3 FourThirliand CIRCLE Unit 290		
KISSIMMER PC. 34741		
1f 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  433 Fourth Iften CRCIE		4. Daig Incorporate of ALENCATE ON A
Suite. Apt. #, etc.  Suite. Apt. #	, etc.	To Do Business in Florida  5. FEI Number  Applied For
City & State KISSI mmore A. City & State		59-3299513 Not Applicable
Zip Country Zip	Country	CERTIFICATE OF STATUS DESIRED CERTIF
7. Names and Street Addresses of Each Officer and/or Director (Floratile(s)  Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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		5000020453556
		-01/03/9701135003 *****375.00 *****375.00
		00 . 0
Name and Address of Current Registered Age	ent .	4603-96
RAY MY ENS		9. Name and Address of New Registered Agent
433		MM GNS O Box Number is Not Acceptable) OU-MAIN HEADS BURLLE
Suite, Apt. #, Etc.  2 9 0  City   State   Zip Code		
10. I, being appointed the registered agent of the apprenamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent HEGSTERED AGENT MUST SIGN  Date 11/24/94		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
12. I cortity 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 filling 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 logal effect as if made under eath.  SIGNATURE:  SIGNATURE AND TYPEUOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		