

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000014399

1. Corporation Name

B.E. ENTERTAINED, INC.

Principal Place of Business

Mailing Address

20527 OLD CUTLER RD.
MIAMI FL 33189

20527 OLD CUTLER RD.
MIAMI FL 33189

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

02/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0557669

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRAGA, ANTONIO	20527 OLD CUTLER RD.	MIAMI FL 33189
VP	ELALOUF, RENE → <i>delete</i>	20527 OLD CUTLER RD	MIAMI FL

500004719575--0
12/12/01--01004--001
****150.00 ****150.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 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

11/29/01

Date

305-234 0013

Daytime Phone #

CR2E040 (8/01)

B. E. ENTERTAINED INC
D/b/a oceanic video

20527 OLD CUTLER ROAD
MIAMI, FL, 33189
Telephone: 305-2340013
FAX: 305-2340014

November 29, 2001

Florida Department of state

To Whom It May Concern:

I was surprised to receive a "notice of dissolution and revocation" of my corporation. This came as a surprise because of the fact that I never received any notice of payment.

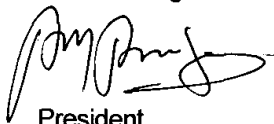
As you may see by my past history, my payments have always been paid on a timely basis. I would hate to have one incident disrupt my services and hope that this can be remedied as soon as possible.

Could you, therefore, please remove the reinstatement fee under the basis that this was not my fault or intention.

Thank you very much for your consideration in resolving this matter.

Best regards,

Antonio Braga



President