

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 3:02

DOCUMENT # P95000046307

1. Corporation Name

OMEGA ENTERTAINMENT, INC.

Principal Place of Business

1233 13TH STREET  
ASHLAND KY 41101  
US

Mailing Address

1620 CARTER AVE  
ASHLAND KY 25701  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1995

5. FEI Number

55-0743651

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PSTV</del>	<del>WELLS, JAMES R</del>	<del>10951 NW 3RD STREET</del>	<del>CORAL SPRINGS FL 33071</del>
<del>D</del>	<del>WELLS, JAMES R</del>	<del>10951 NW 3RD STREET</del>	<del>CORAL SPRINGS FL 33071</del>
PSTV	Smith, Samuel W.	842 Loggerhead Island Dr Satellite Beach, Fla 32937	200003890942--8 -03/21/01--01095--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

WELLS, JAMES R  
10951 NW 3RD STREET  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name Samuel W. Smith  
Street Address (P.O. Box Number is Not Acceptable)  
842 Loggerhead Island Dr  
Suite, Apt. #, Etc.  
City Satellite Beach State FL Zip Code 32937

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-15-2000

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.

Samuel W. Smith

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-2000  
Date

304-523-6310  
Daytime Phone #

CR2E040 (8/00)