

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049475

1. Corporation Name

Apollo Entertainment Corp

2. Principal Office Address - No P.O. Box #

11111 Biscayne Blvd

3. Mailing Office Address

11 Broadway

Suite, Apt. #, etc.

Suite 1901

Suite, Apt. #, etc.

Suite 768

City & State

Miami FL

City & State

New York NY

Zip

33161

Country

USA

Zip

10004

Country

USA

**FILED**  
08 OCT 23 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**  
8/22/08 01024 002 -  
CR2E081 (10/08) \$1750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1995

5. FEI Number  
650605470

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  
David M Holdstein

Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. Second Street

Suite, Apt. #, Etc.  
Suite 2750

City  
Miami

State  
FL

Zip Code  
33131

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*David M Holdstein*

Date 10/6/08

REGISTERED AGENT MUST SIGN

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	Clifford Perlman	11111 Biscayne Blvd Suite 1901	Miami FL 33131
S	Nancy Perlman	2304 Roscomare Rd	Los Angeles CA 90077

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 contained in Chapter 119, 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:

*Clifford Perlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08 305 321 4739  
Date Daytime Phone #