

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC 23 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA5000074333</u>					
1. Corporation Name <u>Yale Entertainment Inc</u>					
Principal Place of Business <u>2857 BOWLAND PK BLVD</u> <u>Ft. Lauderdale, Fla. 33308</u>			Mailing Address _____		
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		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida <u>OCT 95</u>	
				5. FEI Number <u>65-0611284</u>	
				6. CERTIFICATE OF STATUS DESIRED ☐	
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres	Daniel P Kaseas	3500 Galt Ocean Dr #906	Ft Lauderdale, Fla 33308		
U-P	Jeff Wilson	17095 Darlingto - Ct	Boca Raton, Fla 33426		
U-P Sec	Neil Silverman	4031 NE 25th Ave	Ft Lauderdale, Fla 33308		
Treas	Alex Kavosi	2715 W Ocean Blvd 12B	Ft Lauderdale, Fla 33308		
				400002038424--0 -12/26/96--01035--021 ****375.00 ****375.00	
8. Name and Address of Current Registered Agent <u>Lawrence Miano</u> <u>110 SE 6 Street</u> <u>Suite 1630</u> <u>Ft Lauderdale, Fla. 33301</u>			9. Name and Address of New Registered Agent Name <u>Daniel P Kaseas</u> Street Address (P.O. Box Number is Not Acceptable) <u>3500 Galt Ocean Dr.</u> Suite, Apt. #, Etc. <u># 906</u> City <u>Ft Lauderdale</u> State <u>FL</u> Zip Code <u>33308</u>		
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN			Date <u>10/20/96</u>		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> <u>Daniel P Kaseas</u> <u>10/20/96 (957) 561-2136</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR25040 (12/95)