

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D95000086193

1. Corporation Name

Sensational Entertainment
& Travaganza, Inc.

2. Principal Office Address

215 US 27

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

3. Mailing Office Address

17731 Phil C Peters Rd

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3356466

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

Carl Larsen

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

17731 Phil C Peters Rd

Suite, Apt. #, Etc.

City

Winter Garden

State
FL

Zip Code

34787

900014563279

03/25/03--01005--011 ***300.00

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

[Signature]

Date

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
PST	Carl Larsen	17731 Phil C Peters Rd	Wnt Gdn, FL 34787
V Pres	Ben Ardito	101 Grandview St. #101	Mount. Dora, FL 32757
Sec	Nick Magrone	1524 Sylvan Dr.	Mt Dora, FL 32757
Tres.	Tina Larsen	17731 Phil C Peters	Wnt Gdn, FL 34787

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 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

Date

Daytime Phone #

CR2E081 (10/02)

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