PLEASE BEAD ALL INS	TRUCTIONS BEFORE (	COMPLETING THIS FORM.
	DA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State	A COMP
DOGEMENT # \$25000 0	DIVISION OF CORPORATIONS	01 JAN 31 PM 2:49
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
DARKSIDE ENTERTAINMENT INC. Principal Place of Business Mailing Address		IALLAHASSEE, FLORIDA
18459 PINES Blud, Suite 293		
PEMBROKE PINES, FL 33029 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 Mail  Suite Apt. #, etc.  Suite Apt. #, etc.  Suite Apt. #	ling Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12-18-1995
City & State City & State		5. FEI Number Applied For Not Applicable
Zip Zip Zip Zip Zip 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 (Floratile(s) Name of Officers and/or Directors	orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director	
1 2	3 (Do NOT Use Post Office Box N 18459 P=NES Blvd.	dumbers) 4
RESIDENT MITCHAEL STERLING	Nes Brod	1 293 Pembroke Pines, FL 330a9
		4000036555742 -02/07/0101021022 *****10.00 *****10.00
8. Name and Address of Current Registered Age	Name 1	9. Name and Address of New Registered Agent
MICHAEL JOHNSON 153 NE 141S+ Bld.C. Sirent 184		AAEL J. STERLING O. Box Number is Not Acceptable) PINES GIVI.
NO. MFAMI FL 33161		3
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 1-29-2001		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No W  (See other side for information on intangible tax.)		
12. 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:		1-29-2001 (959) 442-7478  Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # (954) 442-7478