

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1997 NOV 12 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004932

1. Corporation Name

REFUGEE CAMP ENTERTAINMENT, INC.

Principal Place of Business

6706 PINEHURST
NORTH LAUDERDALE FL 33068

Mailing Address

6706 PINEHURST
NORTH LAUDERDALE FL 33068

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

01/16/1996

5. FEI Number

65-0650209

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	MICHEL, SAMUEL P	6706 PINEHURST	NORTH LAUDERDALE FL 33068

900002348089--1
-11/14/97-01109-006
****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY Samuel P. Michel
1201 HAYS STREET 3646 High Pine Drive
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name Samuel P. Michel
Street Address (P.O. Box Numbers Not Acceptable)
3646 High Pine Drive
Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Samuel P. Michel

REGISTERED AGENT MUST SIGN

Date

11/10/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(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:

Samuel P. Michel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97

Date

954-752-0224

Daytime Phone #

CR2E040 (8/97)