APPROVED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TANKETORM. APPLICATION 98 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1998 FEB 23 PM 12: 42 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # P96000020519** 1. Corporation Name The Real Todd's Tickets Corp. Principal Place of Business Mailing Address 19501 Biscayne Blvd. 19501 Biscayne Blvd. 700002442007--0 Aventura, FL 33180 Aventura, FL 33180 -02/26/93--01105---002 ****908.75 ****908.75 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 19501 Biscayne Blvd. 3. New Mailing Office Address, If Applicable 19501 Biscayne Blvd. 4. Date incorporated or Qualified To Do Business in Florida 03/06/96 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Aventura, FL City & State Aventura, FL 65-0666783 Not Applicable \$6.76 Additional Fee required for a Certificate of Status Country 33180 Country CERTIFICATE OF STATUS DESIRED **3**3180 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Pres Todd Rubin Dir 19475 39th Avenue Golden Beach, FL 33160 REINSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Corporate Creations Enterprises, Inc. Todd Rubin Street Address (P.O. Box Number is Not Acceptable) 19501 Biscayne Boulevard 4521 PGA Boulevard Suite, Apt. #. Etc. Suite 211 City Aventura State Zip Code FL 33180 Palm Beach Gardens, FL 33418 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 Date February 19, 1998 Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) No 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 807 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/98

(305) 692-8633

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