


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020519					
1. Corporation Name THE REAL TODD'S TICKETS					
2. Principal Office Address 19475 39 AVE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State GOLDEN BCH, FL			City & State		
Zip 33160	Country DADE	Zip	Country		

FILED
01 NOV 26 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **00-01**

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-06667803	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name TODD RUBIN	
Street Address (P.O. Box Number is Not Acceptable) SAME 19475 39 AVE	
Suite, Apt. #, Etc.	
City GOLDEN BEACH	State Zip Code FL 33160

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 *TR* *Paul A. [Signature]* Date **10/13/01**

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
CEO	TODD RUBIN	11-15-11	11
			700004725367--2
			-12/13/01--01078--016
			***300.00 ***300.00

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: *Paul A. [Signature]* **10/13/01** **305-692-8697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #