

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <i>Of Papa</i> REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023546

1. Corporation Name

A ACT ENTERTAINMENT INC.

Principal Place of Business

1203 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33311  
US

Mailing Address

P.O. BOX 70809  
FT LAUDERDALE FL 33307  
US

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 Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1996

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STANLEY, STEVEN A	800 W. OAKLAND PARK BLVD.	FORT LAUDERDALE FL 33311
			800004719048--5
			12/11/01--01068--024
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANLEY, STEVEN A  
4000 WOOD SIDE DR  
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/16/01

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

11/16/01

Daytime Phone #

To Whom, it may concern  
I Steven Stanley OF A Act Entertainment  
Inc. Never Received The 2001  
Corporation Annual Report/ Uniform  
bussiness Report. Here is The  
Reinstatement Application and Fee.

Sincerely

  
Steven Stanley.