

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra P. Montano
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 APR 19 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000025643**

1. Corporation Name

QUANTUM ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

2100 S OCEAN DR. SUITE #8CD SKY HARBOR
 FT LAUDERDALE FL 33316

2100 S OCEAN DR. SUITE #8CD SKY HARBOR
 FT LAUDERDALE FL 33316



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.
1509 SE. 2ND Ct.

Suite, Apt. #, etc.
1509 S.E. 2ND Ct.

City & State
ft. Lauderdale Fl.

City & State
ft. Lauderdale Fl. 33301

Zip
33301

Zip
33301

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1996

5. FEI Number

NOT APPLICABLE

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	O'NEILL, JOSEPH L	222 S MANSFIELD AVE	LOS ANGELES CA 90036
PD	VENTERS, GORDON S	1509 SE SECOND COURT	FT. LAUDERDALE FL 33301
VSTD	ROGERS, ELIZABETH	P.O. BOX 23773 N/A	FORT LAUDERDALE FL 33307

200002853362-6
 -04/27/99--01060-0006
 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

VENTERS, JOHN
 2100 S OCEAN DR, SUITE #8CD SKY HARBOR
 FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc _____
 City _____ State **FL** Zip Code _____

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 _____

REGISTERED AGENT MUST SIGN

Date _____

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)(t), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

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Quantum Entertainment
1509 S.E. 2nd Ct.
Ft. Lauderdale, Fl 33301
954-764-0579

April 9, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Fl 32314-6327

To whom it may concern,

Please accept this letter as notice as to us not receiving the Quantum Entertainment Inc. 1998 annual report.

Enclosed please find our check for \$300.00 for re-instatement and to comply with 1998 and 1999.

Sincerely,


Gordon Scott Venters
President