

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -3 AM 11:15

DOCUMENT # P96000031653

1. Corporation Name

Shang Artist Management

2. Principal Office Address

202 NE 27th Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01/14/03 U1061 023 \$300.

7. Name and Address of Current Registered Agent

Name

Clifton Dillon

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

202 NE 27th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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

REGISTERED AGENT MUST SIGN

Date

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
D	Clifton Dillon	202 NE 27th Street	Miami FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

305 571 9797

Daytime Phone #

February 28, 2003

Secretary Of State
409 E Gaines Street
Tallahassee FL 32399

RE: DOCUMENT # P96000031653

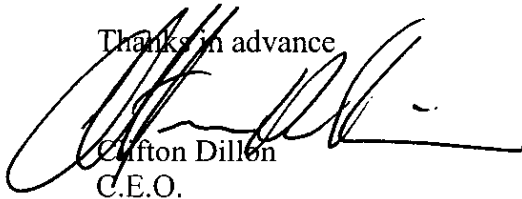
ATTN: Eula Peterson

At the beginning of the year it was brought to my attention that the company Shang Artist Management was dissolved in June of 2002. I checked with my records and confirmed that the annual fee was paid in sufficient time last year.

Upon speaking with yourself and other representatives I was told that the check was made payable to the wrong department and not cashed. A correspondence was not received from your department advising me of the above and unfortunately I don't have the best book-keeper.

A replacement check was sent in January and cashed on January 16th, 2003. I am asking that the company be re-instated as soon as possible.

Thanks in advance



Clifton Dillen
C.E.O.