

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 JAN 23 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000039193

1. Corporation Name

ENTERTAINMENT INNOVATIONS INC.

Principal Place of Business

**7562 Southgate Boulevard
North Lauderdale FL**

Mailing Address

SAME

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

05/07/1996

5. FEI Number

☒

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
COB	Nassetta, Rosalie	7562 Southgate Boulevard	North Lauderdale, FL
PS	Nassetta, Robyn	SAME	SAME
AS	Karen B. Rozar	1201 Hays Street	Tallahassee, FL 32301

800002410068--9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Karen B. Rozar

Date **01/23/1998**

REGISTERED AGENT MUST SIGN **Karen B. Rozar, As Agent**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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

Karen B. Rozar, Asst. Secretary

01/23/1998

Date

Daytime Phone #

CR2E040 (12/96)

202



ACCOUNT NO. : 072100000032

REFERENCE : 678644 3378A

AUTHORIZATION : *Patricia Pizutti*

COST LIMIT : \$ 900.00

ORDER DATE : January 22, 1998

ORDER TIME : 9:50 AM

ORDER NO. : 678644-005

CUSTOMER NO: 3378A

CUSTOMER: Harris K. Solomon, Esq
Brinkley Mcnerney Morgan
Suite 1800
200 E. Las Olas Boulevard
Fort Lauderdale, FL 33301

DOMESTIC FILINGS

NAME: ENTERTAINMENT INNOVATIONS, INC

XX REINSTATEMENT

file 1st

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS *JB*

1-23-98

RECEIVED
98 JAN 23 AM 10:58
DIVISION OF CORPORATION