

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 14, 2001 8:00**  
**Secretary of State**

**DOCUMENT #** P96000039193

**1. Corporation Name**

Entertainment Innovations, Inc.

**2. Principal Office Address**

10401-A NW 53rd Street

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33351-8014

Country

USA

**3. Mailing Office Address**

10401-A NW 53rd Street

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33351-8014

Country

USA

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 7, 1996

**5. FEI Number**

650698277

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current 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

**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

*Laura R. Dunlap*

**Laura R. Dunlap**  
as its agent

Date

8/14/01

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| COB    | Rosalie Nassetta                     | 8015 NW 100th Way                                 | Tamarac, FL 33321  |
| PS     | ROSALIE NASSETTA                     | 8015 NW 100th Way                                 | Tamarac, FL 33321  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*Rosalie Nassetta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-01

Date

954-572-8595

Daytime Phone #

2872



ACCOUNT NO. : 072100000032

REFERENCE : 421798 3378A

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 1050.00

ORDER DATE : August 14, 2001

ORDER TIME : 3:14 PM

ORDER NO : 421798-005

CUSTOMER NO: 3378A

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

RECEIVED  
I. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 14 PM 3:14  
NO RETURN REQUIRED  
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: ENTERTAINMENT INNOVATIONS,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds  
EXAMINER'S INITIALS