

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~RESTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED

①

DOCUMENT # P96000056012

1. Corporation Name

DAYDREAMERS ENTERTAINMENT, INC.

97 NOV 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8360 Dundee TERR
Miami Lakes, FL
33016

8360 Dundee TERR
Miami Lakes, FL
33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0676417

Not Applicable

Zip

Country

Zip

Country

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
P	RIOTTI, JOVAN JR.	8360 Dundee TERRACE	Miami Lakes, FL 33016
VP	GONZALEZ, LUIS F	8360 Dundee TERRACE	Miami Lakes, FL 33016

900002354849--9
-11/21/97--01120--017
****165.00 ****165.00

SL
11-20-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIOTTI, JOVAN JR
8360 Dundee TERRACE
Miami Lakes, FL 33016

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 11/19/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/97 (305)825-2511

Day Dreamers Entertainment, Inc

(2)

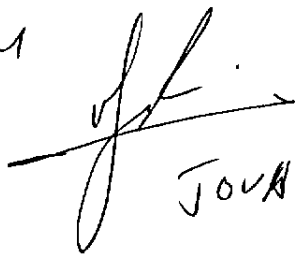
Secretary of State:

Due to our move & the lack of mail forwarding, we were not aware of the expiration of our status w/ YOU.

I am sending you an application for reinstatement w/ a payment of \$165⁰⁰

In this form I have included our new, current & official address.

Thank you



Johan Rishi Jr
President