

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

10 AUG -2 PM 12:45

**DOCUMENT # P96000066006**

1. Corporation Name

Rockville Entertainment, Inc.

500183427205  
07/19/10--01059--014 \*\*2550.00

2. Principal Office Address - No P.O. Box #

7180 North Oakmont Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7180 North Oakmont Drive

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1996

5. FEI Number

650660417

☐ 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

Luther Campbell

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

7180 North Oakmont Drive

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33015

500183427205  
08/02/10--01023--002 \*\*158.75

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 7/16/10

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	Luther Campbell	7180 North Oakmont Drive	Miami Lakes / FL / 33015

REINSTATEMENT

10. E-mail Address: kristin@lukeholdings.com

(To be used for future annual report notification)

11. 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. I further certify, 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

7/16/10

Date

Daytime Phone #