

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 21 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077375

1. Corporation Name

P.M. ENTERTAINMENT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1771 WEST AVENUE  
MIAMI BEACH FL 33139

1771 WEST AVENUE  
MIAMI BEACH FL 33139



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1996

Suite, Apt. #, etc.  
651 MELALEUCA LANE

Suite, Apt. #, etc.  
651 MELALEUCA LANE

5. FEI Number

65-0762096

Applied For

Not Applicable

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip  
33137

Country  
U.S.A.

Zip  
33137

Country  
U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	MAZER, MICHAEL	1771 WEST AVENUE	MIAMI BEACH FL 33139
VD	YATES, PAUL W	1771 WEST AVENUE	MIAMI BEACH FL 33139
TD	SHELTON, ROBERT	1771 WEST AVENUE	MIAMI BEACH FL 33139
PD	MAZER, MICHAEL	5750 COLLINS AVE. #11A	MIAMI BEACH, FL. 33140
VD	YATES, PAUL W.	651 MELALEUCA LANE	MIAMI, FL 33137
TD	SHELTON, ROBERT	651 MELALEUCA LANE	MIAMI, FL 33137

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAZER, MICHAEL  
1771 WEST AVENUE  
MIAMI BEACH FL 33139

Name  
MICHAEL B MAZER  
Street Address (P.O. Box Number is Not Acceptable)  
5750 COLLINS AVE.  
Suite, Apt. #, Etc.  
11A

City  
MIAMI BEACH

State  
FL

Zip Code  
33140

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 10/12/00

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 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

10/16/00 305-571-8443  
Date Daytime Phone #

CR2E040 (8/00)