

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97
REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT -7 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103743

1. Corporation Name
Encore Communications, Inc.

Principal Place of Business Mailing Address
1250 E. Hallandale Beach Blvd, Ste 602
Hallandale, FL 33009

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

2. New Principal Office Address, If Applicable <u>1250 E. Hallandale Beach Blvd</u>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>12-27-96</u>	
Suite, Apt. #, etc. <u>Ste 602</u>		Suite, Apt. #, etc.		5. FEI Number <u>65-0759059</u>	
City & State <u>Hallandale FL</u>		City & State		Applied For Not Applicable	
Zip <u>33009</u>	Country <u>USA</u>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
<u>P/S/T</u>	<u>James Bianco</u>	<u>1250 East Hallandale Beach Blvd.</u> <u>Suite 602</u>	<u>Hallandale, FL 33009</u>

REINSTATEMENT 97

A. Alvar

3000023177670/97
-10/10/97--01096
****758-75 ****758-75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Amerilayyer
343 America Ave
Coral Gables, FL 33134

Name James Bianco
Street Address (P.O. Box Number is Not Acceptable)
1250 E. Hallandale Beach Blvd.
Suite, Apt. #, Etc.
Ste 602
City Hallandale State FL Zip Code 33009

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 James Bianco
REGISTERED AGENT MUST SIGN

Date 10/6/97

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 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: James Bianco, James Bianco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/97 954-454-0129
Date Daytime Phone #

CS2E040 (12/96)