

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 4:53

DOCUMENT # P97000016909

1. Corporation Name

Hip Hop Elements, Inc.

2. Principal Office Address

10948 NW 21 Place

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33071-5791

3. Mailing Office Address

10948 NW 21 Place

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33071-5791

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

2/18/97

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Howard I. Alabaster

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

9600 West Sample Road

Suite, Apt. #, Etc.

Suite 507

City

Coral Springs

State

FL

Zip Code

33065-4082

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 10/10/00

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
P/D	Jonathan Fields	10948 NW 21 Place	Coral Springs, FL 33071-5791
VP/D	Ricardo Fernandez	102 West 42 Street	Hialeah, FL 33012-4440
S/T/D	Robert Fields	10948 NW 21 Place	Coral Springs, FL 33071-5791

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:

Jonathan Fields

10/10/00

(954) 340-2192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #