

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000032197**

1. Corporation Name

BONAFIDE ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

13138 WEST DIXIE HIGHWAY
MIAMI, FLORIDA 33161

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 9, 1997

5. FEI Number

☒ Applied For
☐ Not Applicable

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
PRES	RANDY JOSEPH	16600 SW 102nd COURT	MIAMI, FLORIDA 33157
V.P.	DAVID SHORTER	20820 SAN SIMEON WAY #27	MIAMI, FLORIDA 33179
TREAS SEC.	TITO SMITH	18340 NW 68th AVE STE D	MIAMI, FLORIDA 33015
			300002943293--4 -07/27/99--01075--013 ****308.75 ****308.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RANDY RUSSELL JOSEPH
16600 SW 102nd COURT
MIAMI, FLORIDA 33157

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

Randy Joseph

REGISTERED AGENT MUST SIGN

Date

7-21-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(ii), 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:

Randy Joseph

RANDY JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 JULY 99

Date

(305) 895-2288

Daytime Phone #