

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

99 JAN -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

DOCUMENT # P9700004100

1. Corporation Name

TOTAL ENTERTAINER AND ATHLETE MANAGEMENT, INC.

Principal Place of Business

3136 VIRGINIA STREET
COCONUT GROVE FL 33133

Mailing Address

3136 VIRGINIA STREET
COCONUT GROVE FL 33133

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

05/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0751502

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	CANTER, DAVID	3136 VIRGINIA STREET	COCONUT GROVE FL 33133
S	Hochberg, Bruce	3949 Coplum Circle	Coconut Creek, FL 33063

600002735756-9
-01/11/99-01005-006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CANTER, DAVID
3136 VIRGINIA STREET
COCONUT GROVE FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Date 12/9/98

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

(See other side for information
on minimum fee tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce W. Hochberg CPA 12/9/98

Date

Daytime Phone #

(954) 361-3606

00261