

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 26 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000043517**

1. Corporation Name

RARE BREED ENTERTAINMENT, INC

2. Principal Office Address

20451 NW 20th ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6648 Emerald Lakes Dr.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Miramar, FL

Zip

33056

Country

US

Zip

33023

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Josh Burke

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

6648 Emerald Lakes Drive

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

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

Josh Burke

Date **9/1/05**

REGISTERED AGENT MUST SIGN

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
CEO	Josh Burke	20451 NW 20th ave	Miami, FL 33056
President	DRU Clark	17310 NW 52nd Pl	Miami, FL 33055
VP	Roya Glass	15540 NW 18th Pl	Miami, FL 33054

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:

Josh Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/20/05

Daytime Phone #

786-229-5523

CR2E081 (01/05)