

10/26/98 MON 13:23 FAX 9544912051

MOSKOWITZ, MANDELL, SALIM

001

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAND
FILED

98 NOV -6 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA1000048021

1. Corporation Name

ENCORE ENTERTAINMENT & EVENTS, INC.

Principal Place of Business

Mailing Address

3032 E. COMMERCIAL BLVD #27
FORT LAUDERDALE, FL 33308

REINSTATEMENT 98

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

2. New Principal Office Address, if Applicable

SAME AS ABOVE

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5-30-97

5. FBI Number

65-0758504

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
P	MARC SCOTT	2632 NW 42 ST BOCA RATON FL 33434	
V/P	JENNIFER FERNANDEZ	457 WOODLAKE LANE DEERFIELD BCH, FL 33442	
S/T			

200002686778-0
-11/13/98-01032-024
****750.00 ****750.00JB
11-10-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

MARC SCOTT

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

2632 NW 42 ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

11-2-98

11. This corporation owes or has paid 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)(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

Date

11-2-98 954

Daytime Phone #

439-5664

CREATED BY: VEB