PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION 9 Sandra B. Mortham ·PIED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 HAR 23 PH 1: 36 DOCUMENT # P97 SECTED OF STATE TALLATIVEST & FLORIDA MULTIMEDIA LIVE INC. Principal Place of Business Mailing Address 2499 Glades Road SAME Suite 308 REINSTATEMENT 93-99 Boca Raton, FL 33431 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 Date Incorporated or Qualified To Do Business in Florida 6/30/97 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65.076 7041 Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip Direc / Edward Robertson 6105 Town Colony Dr. #517 Boca Raton, FL 33433 Pres Direc/ Frank Scannavino 333 NE Mizner Blvd. #TH6 Boca Raton, FL 33432 VP/Sec. **300002831**539----04/07/33--01006--008 .X***\$00_00_*** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Frank Scannavino 333 NE Mizner Blvd., TH6 Street Address (P.O. Box Number is Not Acceptable) Boca Raton, FL 33432 Suite, Apt #, Etc State | Zip Code 10. I, being appointed the re with and accept the obligations of Section 607.0505, F.S. Signature of Registered Ager Date 3/9/99 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🔲 Intangible Personal Property tax due June 30. No 🚨 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: 3/9/99 (561)417-0880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR