PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

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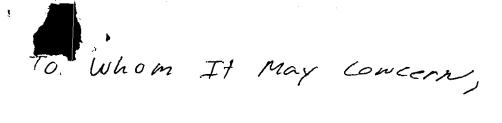
	PORATION STATEMENT	FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS	STATE	SEC	UL 15 PM 12:	ATE	
1. Corporat		Gobot Nertainment, INC.		1AIL	AHASSEE, FLOF		
						ω	
	1 NW 31 st Avenue	3. Mailing Office Address 23 Ulah Ave Suite, Apt. #, etc.	REINS	AT	TEMENT	08-05	
		Sold, vipa vi etc.	4. Date Incorp	crated or	Qualified		
Sut City & State	ts # 11	City & State	To Do Busia	ness in Flo	orida 08 - 01	- 97	
_	•	Fort Landerdale	- L L L	5. FEI Number Applied For			
Zip	Lander date FL.	Zip . Country	00 = 0	128		Not Applicable	
333 \\	USA	33312 USA	6. CERTIFICATE	OF STATU	S DESIRED (\$8.75)	Additional Fee required Certificate of Status	
	Name Gregor Street Address (P.O. 3ox Number is N. 204 Utah Suite, Apt. #, Etc.	7. Name and Address of Curre 3. L we bit Accepiable) Avel	ent Registered Agent				
	city Fort Lander	da le		State FL	Zip Code 333 \7		
8. I, being	appointed the registered agent of the abo	ve named corporation, am familiar with and	accept the obligations of section	on 607.050	05 or 617.0503, F.S.		
Signature o Registered		PISTERED AGENT MUST SIGN		Date	7-15-0	5	
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations	must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Add Officer an	dress of Each d/or Director	City / State / Zip			
Ρ	Gregory Lue	2 208 Wah	Ave	Ft. Lauderdale Fl 33372			
Tres	Sammy D. Ne	16== 20 1431 NM 3	51st Ave	Ft.	Landerdave	FL 33311	
Sec	Craig Berna	rd 16540 Sw	37th st	Mira	car FL	33•3-7	
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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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

600057892966 07/26/09--01019--004 **1208



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I agree not to revoke the dissolution Of Da Bottom Ententarian ment Inc. a Florida Corporation with the document number of Do PO4000098125.

Respectfully,

fragmy town

Gregory Lue

I Gregory Lue Never Feceived Notice of Annual report For the year 1998 For Da Bottom Entertainment INK

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