

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000073019

1. Corporation Name

FAHRENHEIT ENTERTIANMENT, INC.
221 W. GOOLSBY BLVD.

REINSTATEMENT 01-04

800039792028

08/02/04--01084--002 **1225.00

2. Principal Office Address

221 W. GOOLSBY BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/22/1997

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

R. HAROLD ALVAREZ

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

221 W. GOOLSBY BLVD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State
FL

Zip Code
33442

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**

R. Harold Alvarez

Date 7/30/04

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
P T	R. HAROLD ALVAREZ	221 W. Goolsby Blvd	DEERFIELD BEACH, FL 33442
S D	R. HAROLD ALVAREZ	221 W. Goolsby Blvd	DEERFIELD BEACH, FL 33442

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:

R. Harold Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE JULY 30, 2004

Daytime Phone #

954-429-3001

Daytime Phone #

CR2E081 (01/04)