

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 98-99
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000079089

1. Corporation Name

Hurricane Entertainment, Inc.

Mailing Address

Principal Place of Business

**43 Sunset Bay Drive
Belleair, Florida 34616**

**43 Sunset Bay Drive
Belleair, Florida 34616**

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

2. New Mailing Address, If Applicable

**2247 Belchery Court Dr.
Suite, Apt. #, etc.**

3. New Principal Office Address, If Applicable

**2247 Belchery Court Dr.
Suite, Apt. #, etc.**

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip
33764

Country
U.S.A.

Zip
33764

Country
U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/97

5. FEI Number

59-3467485

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D CEO	Alex Roberts	116 18th Street	Belleair Beach, FL 33786
D ST	Jerry Marino	2247 Belchery Court Dr.	Clearwater, FL 33764
P	William Abt	33 Sunset Bay Dr.	Belleair, FL 33756
VP	Candice Richmond	440 Lincoln Hwy, #200	Matteson, IL 60443
VP	Jose Medina Pacheco	24307 Magic Mountain Pkwy,	Valencia, CA 91354
			000002757920--0 -01/29/99--01005--017 *****900.00 *****300.00

8. Name and Address of Current Registered Agent

**Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lawrence J. Spiegel

REGISTERED AGENT MUST SIGN

Date

1/22/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Roberts

Date

1-19-99 727-593-7706

Daytime Phone #