

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 10 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080150

1. Corporation Name
**Rough World ENTERTAINMENT
INC**

REINSTATEMENT 00-06

CR2E08 (12/05)

2. Principal Office Address
4311 N.W. 33rd St.

3. Mailing Office Address
P.O. Box 1643

4. City & State
**LAUDERDALE LAKES
FL**

5. City & State
Ft. Lauderdale, FL

4. Date incorporated or Qualified To Do Business in Florida **06-03-97**

5. FEI Number **16-8012107026-8** Applied For Not Applicable

6. Zip **33319** Country **BROWARD**

7. Zip **33302** Country **BROWARD**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **GEORGE RAYMOND**

Street Address (P.O. Box Number is Not Acceptable)
7110 N.W. 6th

State, Apt., Etc.

800075547878
05/31/06--01010--020 **\$500.00

City **Miami**

State **FL** Zip Code **33150**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 907.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN

Date **1-30-06**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	GEORGE RAYMOND	7110 N.W. 6th	Miami, FL 33150

800075547878
05/31/06--01010--021 **\$550.00

10. I certify that I am an officer or director of 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 return for dissolution has been dissolved, the corporate name satisfies the requirements of sections 607.0401 or 617.0401, F.S. and all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] **GEORGE RAYMOND** 1-30-06 954 583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2554