PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 13 PM 4:54

DOCUMENT # P97000080474

1. Corporation Name
ROCKERS ISLAND ENTERTAINMENT, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
20401 NW 2nd AVE.	20401 NW 2nd AVE.
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: MIAMI, FL 33169	City & State: MIAMI, FL 33169
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/1997

5. FEI Number: 65-0787510 ☐ 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: JOSEPH LOUISIAS

Street Address (P.O. Box Number is Not Acceptable): 20401 NW 2nd AVE.

Suite, Apt. #, Etc.: SUITE 300

City: MIAMI, FL 33169 State: FL Zip Code:

600003509736--3
-12/21/00--01017--018
****300.00 ****300.00

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: X Joseph Louisias
REGISTERED AGENT MUST SIGN

Date: 12/5/00

CR2C081 (9/99)

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
PSTD	LOUISIAS, JOSEPH JR.	20401 NW 2nd AVE., SUITE 300	MIAMI, FL 33169

$87.50 12/18

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: X Joseph Louisias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/00
Date

Daytime Phone #