

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000087958

1. Corporation Name

IDY WORLDWIDE ENTERTAINMENT GROUP, INC.

Principal Place of Business

324 S HYDE PARK AVE. SUITE 210  
TAMPA FL 33606

Mailing Address

324 S HYDE PARK AVE. SUITE 210  
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable

3421 W. Cypress St.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3421 W. Cypress St.  
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1997

SP

5. FEI Number

NOT APPLICABLE

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 3	City / State / Zip 4
D	IMBODEN, WILLIAM J	324 S HYDE PARK AVE, SUITE 210	TAMPA FL 33606
D	DORRIETY, JIM	324 S HYDE PARK AVE, SUITE 210	TAMPA FL 33606
D	YANGER, WILLIAM L	324 S HYDE PARK AVE, SUITE 210	TAMPA FL 33606
			600003187766-9 -03/29/00--01006--022 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

YANGER, WILLIAM L  
324 S HYDE PARK AVE, SUITE 210  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Yanger, William L.

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

101 E. Kennedy Blvd

Suite, Apt. #, Etc.

1240

City

Tampa

State

FL

Zip Code

33607

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 3-15-00

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00  
Date

223-5351  
Daytime Phone #