

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 FEB 29 AM 11:30

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

PG7000098899

1. Corporation Name

Real Entertainment, Inc.

2. Principal Office Address

4301 N. Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

4301 N. Federal Highway

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

Zip

33064

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/97

5. FEI Number

65-0795467

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

Stephen W. Scenci

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

3200 N. Military Trail

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton, FL 33431

State

FL

Zip Code

33431

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

W. Scenci

REGISTERED AGENT MUST SIGN

Date

2/16/00

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

PSD

Donald Holland

4301 N. Federal Highway

Pompano Beach, FL 33064

REINSTATEMENT 99-00178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Holland

Date

2/16/00

Daytime Phone #

(954) 941 8606

CR2E081 (9/99)