

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
NOV -9 PM-2:32  
05 NOV SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800060917408  
10/25/05--01031--005 \*\*1050.00

CR2E081 (8/05)

DOCUMENT # P97000098899

1. Corporation Name

Real Entertainment Inc.

2. Principal Office Address

4301 N Federal Highway

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. Mailing Office Address

1500 EAST ATLANTIC BLVD

Suite, Apt. #, etc.

SUITE B

City & State

POMPANO BEACH, FL

Zip

33060-6769

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

NOV 20, 1997

5. FEI Number  
650795467

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

DANIEL E OATES

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

1500 EAST ATLANTIC BLVD

Suite, Apt. #, Etc.

SUITE B

City

POMPANO BEACH, FL

State

FL

Zip Code

33060-6769

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

OCT 20, 2005

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
P/T/S	HAUN-JA JOH	4301 N Federal Highway	POMPANO BEACH, FL 33064

REINSTATEMENT 03-05

U. Roberts NOV 09 2005

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/05

Daytime Phone #

954-781-5300