

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 JUL 10 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000101779

**1. Corporation Name**

NANTI ENTERTAINMENT, INC.

**2. Principal Office Address**

11200 S.W. 187 STREET  
MIAMI, FLORIDA 33157

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33157

Zip

33157

Country

USA

**3. Mailing Office Address**

11200 S.W. 187 STREET  
MIAMI, FLORIDA 33157

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33157

Zip

33157

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/03/1997

**5. FEI Number**

650800984

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

S. SCOTT CHOOS

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

15600 S.W. 288 STREET

Suite, Apt. #, Etc.

312

City

HOMESTEAD, FLORIDA

State

FL

Zip Code

33033

**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

REGISTERED AGENT MUST SIGN

Date JULY 6, 2000

**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	ROSETTA CLARINGTON	11200 S.W. 187 STREET	MIAMI, FLORIDA 33157

**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

JULY 6, 2000

Date

305-234-3772

Daytime Phone #

**KE**

CR2E081 (9/99)