

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 PM 5:53

DOCUMENT # **P98000007939**

1. Corporation Name

**FIRST STRING ENTERTAINMENT INC.**

Principal Place of Business

Mailing Address

3930 NE 2ND AVE  
SUITE 204  
MIAMI FL 33137

3930 NE 2ND AVE  
SUITE 204  
MIAMI FL 33137

**REINSTATEMENT** *00*

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

2. New Principal Office Address, If Applicable <b>3930 NE 2ND AVE</b> Suite, Apt. #, etc. <b>STE # 204</b>		3. New Mailing Office Address, If Applicable <b>3930 NE 2ND AVE</b> Suite, Apt. #, etc. <b>STE # 204</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>01/26/1998</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		5. FEI Number <b>65-0808965</b>	
Zip <b>33137</b>		Country <b>USA</b>		<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	POWELL, DONOVAN	3930 NE 2ND AVE STE 204	MIAMI FL 33137
VPS	POWELL, CLIVE	3930 NE 2ND AVE STE 204	MIAMI FL 33137

000003529300--0  
01/09/01-01036-004  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWELL, CLIVE H  
4141 N.E. 2ND AVE.  
SUITE 101D  
MIAMI FL 33137

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date **12-4-00**

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:

*Clive Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-4-00 305-571-8571**

Date

Daytime Phone #