

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DOCUMENT # P98000011169

1. Corporation Name

P.R.C. Entertainment, Inc.
2263 W. New Haven Ave. #318
W. Melbourne, FL 32904

2. Principal Office Address

2263 W. New Haven Ave

3. Mailing Office Address

2263 W -New Haven Ave

Suite, Apt. #, etc.

#318

Suite, Apt. #, etc.

#318

City & State

W. Melbourne

City & State

Melbourne, FL

Zip

32904

Country

USA

Zip

32904

Country

USA

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

02/02/98

5. FEI Number

59-3492892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

00-02 uBR

7. Name and Address of Current Registered Agent

Name

Pedro Roman

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

2263 W. New Haven Ave.

Suite, Apt. #, Etc.

#318

City

W. Melbourne

State
FL

Zip Code
32904

700005281967-2

-04/16/02--01035--001

****458.75 ****458.75

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]

Date 03/25/02

REGISTERED AGENT MUST SIGN

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	Pedro Roman	2263 W. New Haven Ave #318	Melbourne, FL 32904
VPTD	Xenia Roman	2263 W. New Haven Ave #318	Melbourne, FL 32904

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

3/25/02

Date

Daytime Phone #

AD

March 25, 2002

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FEI Number: 593492892
Document Number: P98000011169

To Whom It May Concern:

Please be advised that I am submitting the completed form to reinstate the above corporation along with a check for \$458.75. ~~Check # 3066~~
\$450.00 plus an additional \$8.75 for the certificate of status

I was unaware of the filing procedures inasmuch as I never received the previous notices.

I would very much appreciate if the penalties were waived at this time due to non-receipt and would like to advise you of the current address for any future notifications.

PRC Entertainment, Inc
2263 W. New Haven Ave. #318
W. Melbourne, FL 32904

Your cooperation to this matter would be greatly appreciated.

Sincerely,



Xenia Roman
Vice-President