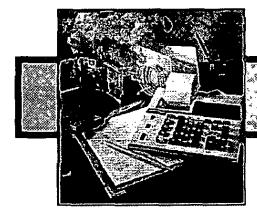
	PLEASE READ	ALL INSTRUCT	IONS BEFORE	COMPLET	ING THIS FORM.	1-17	
CORPORAT	SECTION SECTION	Secretar	TMENT OF STATI Piè Harris y of State CORPORATIONS	E	FILED	y10f2	
DOCUMENT # P9800014323 1. Corporation Name					00 APR 10 PH 1: 08		
•	et Level	Enterta	NMENT INC		SEDRETALLY OF STAT TALLAHASSEE, FLORII	E DA	
2- Principal Office Add 645 of D	DIKIE HWY.	3. Mailing Office Addre	180155	4. Date Incon	porated or Qualified	(
SEBAST	IAN F.L.	City & State SEBAST) I	AN F.L.	5. FEI Number	iness in Florida FEBLUAI	Applied For Not Applicable	
3 <u>2958</u>	U.S.A.	32958	U.S. A	`_		dditional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent Name CARL C, LIBERTINO Street Address (P.O. Box Number is Not Acceptable) USO TULIP DR. Suite, Apt. #, Etc.							
City S	EBASTIAN			·	State Zip Code State 32958		
e Car well agreed London Management Statement of the	ne registered agent of the abo	pe named corporation, am in the common services and the common services are the common services and the common services are th	· · · · · · · · · · · · · · · · · · ·	ne obligations of secti	on 607.0505 or 617.0503, F.S. Date 4/4/07	(6/8) 181 (9/8)	
9. Names and Street	Addresses of Each Officer and	d/or Director (Florida nonpro				20 20 00 00 00 00 00 00 00 00 00 00 00 0	
Titles	Name of Officers and/or Directors		Street Address of E Officer and/or Dire		City / State / Z	îp	
AND CHE	el C, LIBE	STIND 48	O TULIA	DA.	SEBASTIAN F	-L. 32958	
MS/C Cyn	thia O. Libi	EKTINO 49	80 TULIP	De.	SEBASTIAN H	6.32458	
					99-60 A	A TS	
- 100	**************************************			04/2	0/99 avi7 0	UY 158.75	
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 Date Daytime Prone #							



Aurora Accounting Services 505 SW 39th Court, Vero Beach Fl 32968

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Attention Tyrone Scott

Mr. Tyrone Scott:

As we spoke on March 24, 2000 about the Corporation named STREET LEVEL ENTERTAIMENT Tax ID # 65-0874245 regarding the 2000 uniform business report which we were late to fill the form I'm writing to you about the late fees to be all waived. The payment was already done and the check was cashed.

Please reinstate the Corporation STREET LEVEL ENTERTAIMENT.

Thank you for your feelp.

Carl C. Libertino

President ...