

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 15 PM 3:17

DOCUMENT # P98000063409

1. Corporation Name

CRANSTON Entertainment Inc.

500024006585  
10/22/03--01017--006 \*\*908.75

2. Principal Office Address

6347 Phillips Hwy

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Office Address

P.O. BOX 6684

Suite, Apt. #, etc.

City & State

Providence, RI

Zip

02904

Country

USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

7/17/98

5. FEI Number

58-2435228

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

Richard Tapalian

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

10901 Burnt Mill Rd #2303

Suite, Apt. #, Etc.

City

Jacksonville

State  
**FL**

Zip Code

32256

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 10/15/03

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
Pres	Richard Tapalian	10901 Burnt Mill Rd #2303	Jacksonville, FL 32256

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] Richard Tapalian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/03

Daytime Phone # (904) 866-7320

CR2E081 (10/02)