PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** > FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P98000085601

1. Corporation Name

SOUTHSIDE ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

2174 Q AVE S

2174 9 AVE S

FILED 00 OCT 25 AM 9: 12 SEUNCTARY OF STATE TALLAHASSEE, FLORIDA

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ST PETERSBURG FL 33705			ST PETERSBURG FL 33705				REINSTATEMENT ()				
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	formation ar	nd enter c	orrection below.					
2. New Pri	ncipal Office A	Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida  10/05/1998					
Suite, Apt. 1	#, etc.		Suite, Apt. #, etc.			5. FEI Number	<del></del>	<del> </del>	olied For		
City & State			City & State			<del></del>	59-3533642 Not Applicable				
Zip	Zip Country		Zip Country		·	6. CERTIFICATE OF STATUS DESIRED 6. S8.75 Additional F for a Certificate					
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporat	tions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Stree Office 3			dress of Each ad/or Director		City / State / Zip		
Р	SHAZELL, ANTUAN R			4410 16 AVE S				ST PETERSBURG FL 33711			
٧	FLETCHER, AXON			2175 9 AVE S				ST PETERSBURG FL 33705			
							30	3000034696333 -11/20/0001016028 ****750.00 *****750.00			
	7		131 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,	,	-2iC	****750. 1000346		0.00 ⊐:	
								-11/20/00 ******8.	)01016C	29 8.75	
8. Name and Address of Current Registered Agent							9. Name and	Address of New Regis	tered Agent		
REGISTERED CORPORATE AGENTS INC						Name Fletcher Axon					
612 S GREENWOOD AVE						Street Address (	75 Box Number	is Not Acceptable)	O.		
	RWATER FL					Suite, Apt. #, Etc					
						City St.	Peters	burg	FL Zip Gody	712	
10. I, being Signature o Registered	f -	e registered agent of the a	pove named corporate to the corporate to	la	M	th and accept the o	obligations of Sect		-18-20	<u>201</u>	
			ALGISTERED AG	LIVIVIOSI	Jidiy						
this rain	statement au	officer or director or the rec plication, the reason for dis tion have been paid and the	solution has been	eliminated.	the corpo	rate name satisfies	the requirements	of section 607.0401 o	r 617.0401, F.S., tha	t all fees	