

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086846

1. Corporation Name

ABSOLUTE ENTERTAINMENT INC.

2. Principal Office Address

12289 Pembroke Rd.

Suite, Apt. #, etc.

200

City & State

PEMBROKE PINES, FL 33025

Zip

33025

Country

3. Mailing Office Address

12289 Pembroke Road

Suite, Apt. #, etc.

200

City & State

Pembroke Pines FL

Zip

33025

Country

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

10/09/1998

5. FEI Number

☒ 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

SEAN ROBERTS

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

12289 PEMBROKE RD

Suite, Apt. #, Etc.

200

City

PEMBROKE PINES

State

FL

Zip Code

33025

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

Sean Roberts

Date

7/11/00

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
	Alexander Chin PRESIDENT	12289 Pembroke Road	Pembroke Pines, FL 33025
	Jamie Young VICE PRESIDENT	12289 Pembroke Road Same as Above	Same as Above
	Gary Hart VICE PRESIDENT	12289 Pembroke Road Same as Above	Same as Above
	Sean Roberts VICE PRESIDENT	12289 Pembroke Road Same as Above	Same as Above
	REINSTATEMENT	9/11/00	09/11/99 940000 045

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:

Sean Roberts **SEAN ROBERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/00

Daytime Phone #

954-432-2865

CR2E081 (9/99)