

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 19 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097696

1. Corporation Name

ENTERTAINMENT SMART SYSTEMS, INC.

Principal Place of Business	Mailing Address
3493 W. VINE STREET SUNTRUST BANK CENTER KISSIMMEE FL 34741	3493 W. VINE STREET SUNTRUST BANK CENTER KISSIMMEE FL 34741



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 7205 INTERNATIONAL DR		Suite, Apt. #, etc. ← SAME		11/16/1998	
City & State ORLANDO, FL 32819		City & State		5. FEI Number 59-3558596	Applied For
Zip 32819		Country US		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Not Applicable
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	JOSE MAYORAL	N	N
COO	JAMES F. CRAGE	1427 MT. VERNON ST	ORLANDO, FL 32813
			700003059277--1 -12/02/99--01081--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
CRAGE, JAMES F 3493 W. VINE STREET SUNTRUST BANK CENTER KISSIMMEE FL 34741	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/12/99

11. 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 Phone #

KE

10/12/99 (407) 355 0600
Date Daytime Phone #

003500 AF

2

November 11, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 323-6327

Ref : ENTERTAINMENT SMART SYSTEMS, INC.

Dear Ms Harris,

This is to inform you that we have moved to another location since January , so we never received your invoices or reminders, we really apologize for the delay. Enclosed you will find payment in the amount of \$ 150.00 as told by Michelle when I called to find out our status.

We really appreciate your help and we are looking forward to hearing from you.

Very Truly Yours,

Jim Cragg.

