

APPLICATION



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

REINSTATEMENT

DOCUMENT # P98000104478

Corporation Name

PARADIGM ARTIST MANAGEMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 AM 10:11

Principal Place of Business Mailing Address
S.W. 18TH STREET 800 S.W. 18TH STREET
BOCA RATON FL 33486 BOCA RATON FL 33486



Where addresses are incorrect in any way, line through incorrect information and enter correction below

New Principal Office Address, if Applicable 8895 N. Military Tr.
S.W. Apt. #, etc. 202B
City & State Palm Beach Garden, FL
Zip 33410 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/17/1998
5. FEI Number 65-0885650
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

(1)	(2) Name of Officers and/or Directors	(3) Street Address of Each Officer and/or Director	(4) City / State / Zip
OFF	KOLCHKOV, DANIEL	800 S.W. 18TH STREET	BOCA RATON FL 33486
ST	KOLCHKOV, DANIEL	800 S.W. 18TH STREET	BOCA RATON FL 33486
Director	Sinitsina, Olga	8895 N. Military Tr. #202B	Palm Beach, FL 33410 05-05-00 90087 025 \$150.00

8. Name and Address of Current Registered Agent
KATSMAN, MARK
9350 SOUTH DIXIE HIGHWAY, PH2
MIAMI FL 33158

9. Name and Address of New Registered Agent
Name Olga Sinitsina
Street Address (P.O. Box Number is Not Acceptable) 8895 N. Military Tr.
Suits, Apt. #, Etc. 202 B
City Palm Beach Garden State FL Zip Code 33410

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.
Signature of Registered Agent [Signature] Date 10/20/2000
REGISTERED AGENT MUST SIGN

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 119.97(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] 10/20/2000 516/417-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If

1

0022149 (300)

AD

Paradigm Artist Management Inc.

8895 N. Military Trail, Suite 202B
Palm Beach Gardens, FL 33410

(2)

Phone 561-417-6107
Fax 561-417-3680

October 18, 2000

Secretary of State
Division of corporation
409 E. Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

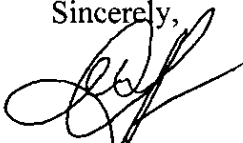
Please be advised that on October 11, 2000 we received a Notice of Administrative dissolution or revocation of our company, Paradigm Artist Management, Inc.

Please note, that our corporation has a new address. We filed an annual report on 4/21/2000 and notified you about this fact. Since that time we have never received any correspondence from Secretary of State regarding our corporation. When we contacted your office on 10/18/2000, we were told that you sent a request for some correction on our annual report, but we never received this request.

Hereby we are filing an Application for reinstatement of our corporation and include a check for \$8.75 for certificate of status.

If you have any questions please contact our office at 516-417-6107

Sincerely,



Olga Sinitsina
Registered Agent and Director