

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003822

1. Corporation Name

THE SUNNY ISLES BEACH ENTERTAINMENT CORP.

Principal Place of Business

Mailing Address

3346 N.E. 168TH ST.
NORTH MIAMI BEACH FL 33160

3346 N.E. 168TH ST.
NORTH MIAMI BEACH FL 33160

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1999

5. FEI Number

65-0903138

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|----------------------------|
| PD | FIGLIA, DOMENICO | 3346 N.E. 168TH ST. | NORTH MIAMI BEACH FL 33160 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

700024055237
10/23/03-01079-010 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAELS, MARVIN D ESQ.
1010 S.W. 86TH COURT
MIAMI FL 33144

Name

Domenico Figlia

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

3346 NE 168 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33160

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. or 617.0505, F.S.

Signature of
Registered Agent

Domenico Figlia

REGISTERED AGENT MUST SIGN

Date

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:

Domenico Figlia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

THE SUNNY ISLES BEACH ENTERTAINMENT CORP.
3346 NE 168th STREET
NORTH MIAMI BEACH, FL. 33160

October 20, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314-6327

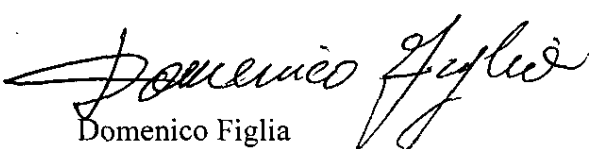
Re: Document Number
P99000003822

Gentlemen:

Please find Application for Reinstatement form for this company along with our check in the amount of \$150. As you will notice, our Agent did not furnish us with the original form for which reason it was not filed and paid in due time.

With this form, we are also changing our Register Agent to remedy this situation in the future. We appreciate your kind consideration to this matter.

Yours truly,


Domenico Figlia
President