

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

RECEIVED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 JAN 23 AM 11:15

DOCUMENT # P99000005229

1. Corporation Name

The Entertainment Group, Inc.

2. Principal Office Address

580 Bayal Poinciana Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

Zip
33326

Country
USA

City & State

Zip

Country

REINSTATEMENT 01-02

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

1/19/1999

5. FEI Number

650897163

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

Tim Kiernan

400004845024-7

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

580 Bayal Poinciana Ct.

-01730702--01059--020

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33326

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**

[Signature]

Date 1/10/02

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
Owner	Tim Kiernan	580 Bayal Poinc. Ct.	Ft. Laud., Fl. 33326

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

954-525-8266

Daytime Phone #

CR2E081 (9/01)