

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900013989

1. Corporation Name Scrumps Entertainment Inc.

REINSTATEMENT 07-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

19320 N.W. 47 Ave.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33055

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-99

5. FEI Number

65-0895401

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

John R. Fletcher Jr.

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

1240 Winter garden Vineland Rd. Apt. Q8

Suite, Apt. #, Etc.

Apt. Q8

City

Winter garden

State

FL

Zip Code

34787

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

John R. Fletcher Jr.

Date

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
P	Terri Fletcher	2336 New Haven Pl.	Conyers, Ga. 30094
VP	Christine Johnson	2336 New Haven Pl.	Conyers, Ga. 30094
VP	LaToya Benyard	105 Windsong Drive	Covington, Ga. 30016

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 contained in Chapter 119, 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:

L. L. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2009

Date

770 3090034

Daytime Phone #