

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P2132
AND
FILED

**CORPORATION
REINSTATEMENT**



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

01 JUL 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024815

1. Corporation Name

THISPLAY, INC.

2. Principal Office Address

8127 HARDING AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33141

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-18-1999

5. FEI Number

65-0921243

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

ANANIA MARIA AMELIA HERNANDEZ

100004483811-7

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

8127 HARDING AVENUE

-07/18/01--01012--006

****300.00 ****300.00

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

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]

REGISTERED AGENT MUST SIGN

Date

7/12/2001

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
Pres/D.	ANANIA MARIA AMELIA HERNANDEZ	8127 HARDING AVENUE	MIAMI BEACH, FL 33141
Vice Pres	ADRIA DE JESUS MASFEUER	8127 HARDING AVENUE	MIAMI BEACH, FL 33141

REINSTATEMENT 66-01

100004483811-7

-07/18/01--01012--007

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/2001

Daytime Phone #

CR2E031 (9/99)

Pg 282

TO WHOM IT MAY CONCERN:

AS PER MY CONVERSATION WITH A STATE EMPLOYEE,
ENCLOSED PLEASE FIND A CHECK FOR (\$300.00) TO
REINSTATE MY CORPORATION.

I WAS NOT NOTIFIED OF THE ANNUAL REPORT
DUE AND THE OFFICER OF THE STATE I SPOKE TO
RECOMMENDED THAT I SHOULD WRITE THIS LETTER
SO THAT YOU CAN WAIVE THE PENALTY FEE.
THANK YOU FOR YOUR TIME AND HELP.


ANAHANIA HERNANDEZ
PRESIDENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME
AT YOUR EARLIEST CONVENIENCE. (305) 868-1523.

Charter Number Only

7/12/01

VALIDATION ONLY

Requestor's Name

Address

City

State

Zip

Phone

Atlantic

CORPORATION(S) NAME

THIS PLAY, INC.



Empire Toll Free: 1-800-432-3028

RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATIONS JUL 13 AM 9:28 NOT RECORDED NO ACKNOWLEDGE SUFFICIENCY OF FILING		
☐ Profit	☒ Amendment	☐ Merger
☐ NonProfit	☐ Dissolution	☐ Mark
☐ Foreign	☐ Annual Report	☐ Other
☐ Limited Partnership	☐ Reservation	☐ Change of Registered Agent
☐ Reinstatement	☐ Photo Copies	☐ Certificate Under Seal
☒ Certified Copy	☐ Call When Ready	☐ Call If Problem
☒ Walk In	☐ Will Wait	☒ Pick Up
	☐ After 4:30	☐ Mail Out

CERTIFIED
COPY

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier