

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

DOCUMENT # 899000026806

1. Corporation Name
GIGGLES ENTERTAINMENT INC.

3006 WILLOW LANE
3006 WILLOW LANE

2. Principal Office Address
3006 WILLOW LANE

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL.

Zip Country
33021 BROWARD

3. Mailing Office Address
3006 WILLOW LANE

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL.

Zip Country
33021

REINSTATEMENT 01-04

000041006080
09/13/04--01050--015 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650905085

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
ARLENE FEEN

Street Address (P.O. Box Number is Not Acceptable)
3006 WILLOW LANE

Suite, Apt. #, Etc.

City
HOLLYWOOD

State Zip Code
FL 33021

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

Date 9/12/04

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	ARLEEN FEEN	3006 WILLOW LANE	HOLLYWOOD, FL. 33021
P	JEROME FEEN	3006 WILLOW LANE	HOLLYWOOD, FL. 33021

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

9/12/04

Date

954-963-0400

Daytime Phone #

CR2E081 (01/04)