

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 26 PM 1:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000032016**

1. Corporation Name
TADOW ENTERTAINMENT, INC.

Principal Place of Business Mailing Address
1207 BEACH WALKER RD. 1207 BEACH WALKER RD.
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034



REINSTATEMENT

2007

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/05/1999	
City & State		City & State		5. FEI Number	
				59-3590609	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KLEIMAN, DENNY	1207 BEACH WALKER RD	FERNANDINA BEACH FL 32034
T	FLEIMAN, DENNY KLEIMAN, DENNY	1207 BEACH WALKER RD	FERNANDINA BEACH FL 32034
S	KLEIMAN, DENNY DENNY	1207 BEACH WALKER RD	FERNANDINA BEACH FL 32034
			LS

8. Name and Address of Current Registered Agent

HALL, EDWIN L JR.
 1207 BEACH WALKER RD.
 FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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.

Signature of Registered Agent _____
 REGISTERED AGENT MUST SIGN

Date **10-22-01**

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)(f), 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: *Denny Kleiman* **Denny Kleiman** 10-22-01 904-277-7841
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)