

13000190844 8 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P99000054452

1. Corporation Name

BLACKTEARS ENTERTAINMENT & MANAGEMENT INC.

2. Principal Office Address

18520 NW 67 Ave #267

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33015

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

06-15-1999

5. FEI Number

650945685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB-75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank D. Williams

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

18520 NW 67 Ave

Suite, Apt. #, Etc.

267

City

Miami

State

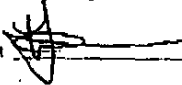
FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of
Registered Agent



Date **5-6-03**

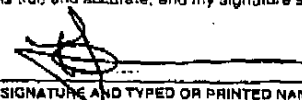
REGISTERED AGENT MUST SIGN

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
CEO	Angela Roundtree	745 NW 177 Terr	Miami, FL 33169
PO	Frank D. Williams	P.O. Box 680791	Miami FL 33168

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:

 **Frank D. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DS 06/03

DATE

Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

BLACKTEARS ENTERTAINMENT & MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00