

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 AUG -2 AM 11:54

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055193

1. Corporation Name

Story Telling Entertainment, Inc

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

7123 SW 115 Pl. #A

Suite, Apt. #, etc.

3. Mailing Office Address

7123 SW 115 Pl. #A

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

**REINSTATEMENT 07-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 17, 1999

5. FEI Number

65-0928630

☐ 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

Arthur Nobo

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

7123 SW 115 place # A

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

700183901727  
08/02/10--01051--015 \*\*1200.00

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

X Arthur Nobo

REGISTERED AGENT MUST SIGN

Date X 7/24/2010

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
VD	Arthur Nobo	7123 SW 115 Pl #A	Miami, FL

10. E-mail Address: anobo@aol.com

(To be used for future annual report notification)

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. I further certify, 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: X Arthur Nobo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 7/24/2010

8/30/10