

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002

FILED

02 OCT 25 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055552

1. Corporation Name

SWEN ENTERTAINMENT, INC.

Principal Place of Business

2000 ALTON ROAD
MIAMI BEACH FL 33140

Mailing Address

2000 ALTON ROAD
MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4100 NE 2ND AVE

Suite, Apt. #, etc.

SUITE 208

City & State
MIAMI FL

Zip
33137

Country
DADE

3. New Mailing Office Address, If Applicable

4100 NE 2ND AVE

Suite, Apt. #, etc.

SUITE 208

City & State
MIAMI FL

Zip
33137

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1999

5. FEI Number

65-0927896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LIPNIK, DAVID	2000 ALTON ROAD	MIAMI BEACH FL 33140
VD	LIPNIK, LISA D	2000 ALTON ROAD	MIAMI BEACH FL 33140
SD	LIPNIK, ELIEZER	2000 ALTON ROAD	MIAMI BEACH FL 33140
PD	LIPNIK, DAVID	555 NE 34 TH , APT 203	MIAMI, FL 33137
VD	LIPNIK, ELIEZER	20301 NE 30 TH AVE, APT 104	AVENUE, FL 33180
SD	LIPNIK, NATHALIE	555 NE 34 TH , APT 203	MIAMI, FL 33137

8. Name and Address of Current Registered Agent

LIPNIK, DAVID
2000 ALTON ROAD
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name
LIPNIK, DAVID
Street Address (P.O. Box Number is Not Acceptable)
4100 NE 2ND AVE
Suite, Apt. #, Etc.
SUITE 208
City
MIAMI
State
FL
Zip Code
33137

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

305-531-7936
Daytime Phone #

CR2E040 (8/02)