

801000067675 8 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Northerm**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**



**DOCUMENT #** P99000073013

1. Corporation Name  
**Primetime Amusements USA, Inc.**

Principal Place of Business      Mailing Address  
**650 West Ave #1205**  
**Miami Beach, FL 33139**

**REINSTATEMENT**

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

2. New Principal Office Address, if Applicable <b>90 Alton Road</b>	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>8-16-99</b>
5. State, Apt. #, etc. <b>FL 3304</b>	6. City & State <b>Miami Beach, FL</b>	7. FEI Number <b>65-0941175</b>
8. City & State <b>Miami Beach, FL</b>	9. Zip <b>33139</b>	10. Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir	David Goldfarb	90 Alton Rd #3304	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent <b>David Goldfarb</b> <b>650 West Ave #1205</b> <b>Miami Beach, FL 33139</b>	9. Name and Address of New Registered Agent Name: <b>David Goldfarb</b> Street Address (P.O. Box Number is Not Acceptable): <b>90 Alton Road #3304</b> State, Apt. #, etc.: <b>FL 33139</b> City: <b>Miami Beach</b>
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10. I, being authorized 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: *David Goldfarb*      Date: **05-18-2001**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.      Yes       No       (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapters 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 119.37(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: *David Goldfarb*      Date: **05-18-2001**      AD

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR      Date      Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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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

PRIME TIME AMUSEMENTS U.S.A., INC.

Certificate of Status	1
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