

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # S05082

1. Corporation Name **COCONUT GROVE ENTERTAINMENT, INC.**

**FILED**  
97 JUL 10 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**100 N.E. 39th Street  
MIAMI, FLORIDA 33137**

**REINSTATEMENT** 96-97

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

2. New Principal Office Address, If Applicable <b>100 N.E. 39th Street</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>OCT. 9, 1990</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State		5. FEI Number <b>65-0243530</b>	
Zip <b>33137</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
PRES.	STEVEN H. KRAMS	100 N.E. 39th Street	MIAMI, FLORIDA 33137
SEC.	STEVEN H. KRAMS	100 N.E. 39th Street	MIAMI, FLORIDA 33137
TREAS.	STEVEN H. KRAMS	100 N.E. 39th Street	MIAMI, FLORIDA 33137

8. Name and Address of Current Registered Agent <b>MARK SINGER 11950 N. BAYSHORE DRIVE APT. 2C N. MIAMI, FLORIDA 33181</b>		9. Name and Address of New Registered Agent Name <b>STEVEN H. KRAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 N.E. 39th STREET</b> Suite, Apt. #, Etc. City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33137</b>	
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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 \_\_\_\_\_ Date 7/7/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: \_\_\_\_\_ Date 7/7/97 Daytime Phone # 573-7339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (12/96)