

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25629

1. Corporation Name

ZUCKERMAN ENTERTAINMENT, INC.

Principal Place of Business

% 4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

Mailing Address

% 4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1991

5. FEI Number

65-0268588

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ZUCKERMAN, LESLIE	4000 HOLLYWOOD BLVD	HOLLYWOOD FL
DPST	ZUCKERMAN, DONALD	10 E 60TH ST 169 PIER AVE, #204	MIAMI SANTA MONICA CA 90404

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

ZUCKERMAN, LESLIE H.
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

5000000068753--4

12/14/99 01020-008

5750.00 *****750.00

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 *Leslie Zuckerman*

REGISTERED AGENT MUST SIGN

Date 11/18/99

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:

Donald Zuckerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99 310-452-4410
Date Daytime Phone #

CR2040 (6/99)