

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S 78173**

97 OCT 30 PM 2:45

1. Corporation Name

MARS ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

601 Brickell Key Drive
Suite 501

601 Brickell Key Drive
Suite 501

Miami, Florida 33131

Miami, Florida 33131

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

2. New Principal Office Address, If Applicable

2601 S. Bayshore Drive

3. New Mailing Office Address, If Applicable

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse 1-B

Penthouse 1-B

City & State

City & State

Coconut Grove, FL

Coconut Grove, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/91

5. FEI Number

Applied For

X 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	RAY VELAZQUEZ	2601 S. Bayshore Drive Penthouse 1-B	Coconut Grove, FL 33133
S/D	ALFONSO PEREZ	100 S. Biscayne Blvd. Suite 800	Miami, Florida 33131
D	TIM CRUTCHFIELD	100 S. Biscayne Blvd. Suite 800	Miami, Florida 33131
			100002338101--4
			-11/04/97--01088--025
			***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

Jose E. Martinez
601 Brickell Key Drive, Suite 501
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
Timothy H. Crutchfield
Street Address (P.O. Box Number is Not Acceptable)
100 South Biscayne Blvd.
Suite, Apt. #, Etc.
Suite 800
City
Miami State **FL** Zip Code **33131**

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

REGISTERED AGENT MUST SIGN

Date **10/10/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/97 (305) 856-3200
Date Daytime Phone #

CR2040 (12/96)