

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 14 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001006

1. Corporation Name

HM&B VIDEO ENTERTAINMENT SERVICES, INC.

2. Principal Office Address - No P.O. Box #

7055 VETERANS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

7055 VETERANS BLVD

Suite, Apt. #, etc.

City & State

BURR RIDGE, IL

City & State

BURR RIDGE, IL

Zip

60527

Country

USA

Zip

60527

Country

USA

7. Name and Address of Current Registered Agent

Name

HRUBY JR., ROGER

Street Address (P.O. Box Number is Not Acceptable)

9614 BRADEN RUN

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34202

**REINSTATEMENT 01-08**

W08-5333 (CR2E081 (12/07))

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1994

5. FEI Number  
42-1294787

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 02/15/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	HRUBY, BRET	7055 VETERANS BLVD	BURR RIDGE, IL 60527

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01/29/08--01033--013 \*\*1800.00

10. 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 contained in Chapter 119, 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]*

BRET HRUBY

PRESIDENT

01/24/08

630 986-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #