

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 # L34122

1. Corporation Name

Hollywood Recording Studios Inc.

Principal Place of Business

Mailing Address

3130 SW 19 St.

#448

Pembroke Pk, FL 33009

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

2. New Principal Office Address, If Applicable

N/A

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

DEC. 5, 1989

5. FEI Number

65-0160074

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)

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
1	2	3	4
PRESIDENT	WAYNE RICKER	107 ROYAL PARK DR., APT. 4-C	OAKLAND PK, FL 33309

800002376488-1  
-12/18/97--01062--006  
\*\*\*1080.00 \*\*\*1080.00

REINSTATEMENT

95970  
12/15/97

8. Name and Address of Current Registered Agent

WAYNE RICKER  
107 ROYAL PK DR  
APT. 4-C  
OAKLAND PK, FL 33309

9. Name and Address of New Registered Agent

Name SAME AS CURRENT AGENT  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

WAYNE R

REGISTERED AGENT MUST SIGN

Date

12-8-97

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:

WAYNE R

WAYNE RICKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-97  
Date

954-962-1586  
Daytime Phone #