

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAY 25 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N/14600000 465*

1. Corporation Name  
*HP musical and Comedy Club Inc*

2. Principal Office Address - No P.O. Box # <i>C/O Jim Pilipchuk</i>		3. Mailing Office Address <i>C/O Jim Pilipchuk</i>	
Suite, Apt. #, etc. <i>12327 O'Brien Ave</i>		Suite, Apt. #, etc. <i>12327 O'Brien Ave</i>	
City & State <i>Brooksville, FL</i>		City & State <i>Brooksville, FL</i>	
Zip <i>34613</i>	Country <i>USA</i>	Zip <i>34613</i>	Country <i>USA</i>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida <i>11/4/2014</i>	
5. FEI Number <i>38-4002519</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Name and Address of Current Registered Agent

Name  
*Jim Pilipchuk*

Street Address (P.O. Box Number is Not Acceptable)  
*12327 O'Brien Ave*

Suite, Apt. #, Etc.  
*8*

City  
*Brooksville*

State  
*FL*

Zip Code  
*34613*

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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 *James A. Pilipchuk* Date *05/18/16*  
REGISTERED AGENT MUST SIGN

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
Pres	<i>Jim Pilipchuk</i>	<i>12327 O'Brien Ave</i>	<i>Brooksville, FL 34613</i>
vPres	<i>Pat Katlein</i>	<i>8278 High Point Blvd</i>	<i>Brooksville, FL 34613</i>
Sec	<i>Nancy Buckner</i>	<i>12182 Fairway Ave</i>	<i>Brooksville, FL 34613</i>
Trea	<i>Gwen Roy</i>	<i>8868 High Point Blvd</i>	<i>Brooksville, FL 34613</i>

10. E-mail Address: *SWEEPER 714 @ ATT.NET*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *James A. Pilipchuk* Date *05/18/16* 352 596-1740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*PE 5/24/16*