

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 16 AM 10:38

DOCUMENT # P00000004966

**1. Corporation Name**

HIS & HER'S ENTERTAINMENT, INC.

**2. Principal Office Address**

2617 S. ORLANDO DR.

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32773

Country

USA

**3. Mailing Office Address**

2617 S. ORLANDO DR.

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32773

Country

USA

**REINSTATEMENT** 03-05

**4. Date Incorporated or Qualified**

To Do Business in Florida 01/14/2000

**5. FEI Number**

593624921

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

STONE, STEPHEN M.

Street Address (P.O. Box Number is Not Acceptable)  
725 N. MAGNOLIA AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

**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

REGISTERED AGENT MUST SIGN

Date 6/21/2004

**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
PSD	HOMA, PETER J.	2617 S. ORLANDO DR.	SANFORD, FL 32773
PTD	STRAIN, PAUL	2617 S. ORLANDO DR.	SANFORD, FL 32773

**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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Peter J. Homa, Pres.

6/21/2004

Date

Daytime Phone #

CR2E081 (01/04)