

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 11 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

100000038978

1. Corporation Name

HD Interactive Corp.

100008402481  
10/16/02--01049--019 \*\*300.00

2. Principal Office Address

5722 S. FLAMINGO ROAD

Suite, Apt. #, etc.

PMB 377

City & State

Fort Lauderdale, FL

Zip  
33330

Country  
USA

3. Mailing Office Address

5722 S. FLAMINGO RD

Suite, Apt. #, etc.

PMB 377

City & State

Fort Lauderdale, FL

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Phillips, Eisenger Koss, ~~Att: Dennis Eisenger~~ P.A.

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

4000 Hollywood Blvd

Suite, Apt. #, Etc.

255

City

Hollywood

State

FL

Zip Code

33021-6782

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]*

Date

10/3/02

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	Steven Barnett	4272 SE Covelake Circle Apt 208	Stuart, FL 34997
Sec	Dart Harrison	625 Rainbow Drive SO	Hollywood, FL 33021
Treas	Lawrence Draizin	11715 Strand Way	Cooper City FL 33026

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

Lawrence Draizin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-2-2002

Daytime Phone #

954-9598

gr 10/11/02

HDinteractive Corp.  
5722 South Flamingo Road  
Fort Lauderdale, Florida 33330  
Tele 954-441-9598  
Fax 954-430-9966

October 2, 2002

State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

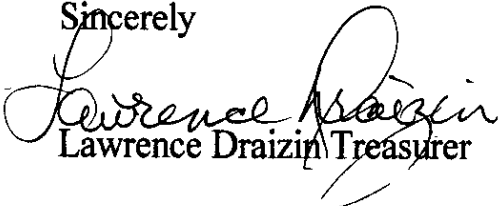
Dear Sir or Madam:

I am requesting a waiver of penalties for the reinstatement of the above titled corporation. I did not receive the 2001 and 2002 business report applications.

Enclosed please find my check for three hundred dollars (\$300.00) for the years 2001 and 2002 filings

Thanking you in advance I remain:

Sincerely

  
Lawrence Draizin Treasurer