

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC 23 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POP0067308

1. Corporation Name

H & R VIDEOS, INC.

100009634531
12/23/02--01042--014 **750.00

2. Principal Office Address

c/o VIDEO AVENUE

2835 North Military Trail

Suite, Apt. #, etc.

Bay H

City & State

West Palm Beach, FL

Zip

33417

Country

USA

3. Mailing Office Address

c/o VIDEO AVENUE

2835 North Military Trail

Suite, Apt. #, etc.

Bay H

City & State

West Palm Beach, FL

Zip

33417

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/3/2001

5. FEI Number

☒ 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

Gregory T. Martini, Esq.

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

2655 LeJeune Road, Suite 1101

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Date 12/16/02

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
DPT	Hamid Sumon	Bay H 2835 North Military Trail	West Palm Beach, FL 33417
DVPS	Raymond Ghods	Bay H 2835 North Military Trail	West Palm Beach, FL 33417

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hamid Sumon

Raymond R. Ghods

(561) 6888105
6888105

12-16-02

CR2E081 (9/01)