

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000156245**

1. Corporation Name

Hollywood Nights Video II Inc.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3830 S. Hwy A1A

Suite, Apt. #, etc.

Ste C-5

City & State

Melbourne Beach

Zip

32951

Country

Brevard

3. Mailing Office Address

3830 S. Hwy A1A

Suite, Apt. #, etc.

C-5

City & State

FL, Melbourne Beach

Zip

32951

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 16, 2004

5. FEI Number

753174151

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

Marcus W Fertig

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

440 8th Ave

Suite, Apt. #, Etc.

City

Indialantic

State

FL

Zip Code

32951

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Marcus W Fertig

REGISTERED AGENT MUST SIGN

Date

8-17-07

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	Marcus W. Fertig	440 8th Ave	Indialantic FL, 32903
Treas.	Gayle Nelson Fertig	440 8th Ave	Indialantic FL, 32903
Director	Claude T Hesse	2010 Harbortown Dr Ste 21	Fort Pierce FL, 34946
		8/18/07	329108384880
			08/21/07--01050--009 **450.00

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 contained in Chapter 119, 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:

Marcus W Fertig Marcus Fertig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-17-07

Daytime Phone #

321-795-0655