

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000055681

1. Corporation Name

H.B.S. Entertainment, Inc.

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

10656 N.W. 12Th Court

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Zip

33322

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2680156

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
Haim Bensimon

Street Address (P.O. Box Number is Not Acceptable)
10656 N.W. 12Th Court

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33322

☒ 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

REGISTERED AGENT MUST SIGN

Date

10-15-07

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	Haim Bensimon	10656 N.W. 12Th Court	Plantation, FL 33322

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10/25/07--01050--011 **300.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/07

Daytime Phone #

OCT 22 2007

2282

H.B.S. Entertainment, Inc.,

10656 NW 12th Court
Plantation, FL 33322

October 10, 2007

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 20-2680156

Dear Sir or Madam:

Please be advised that the mailing address for my corporation has changed and I never received my year UBR forms.

I have enclosed a UBR that I have filled out with my new address along with a check to cover the filing fees for my corporation for 2006 and 2007.

Please accept the enclosed report and payment of \$150.00 per year for the 2 years (\$300.00) 2006 and 2007 in full satisfaction of my filing requirements.

Thank you,



Haim Bensimon
President