

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000084012

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** HI N' DRY ENTERTAINMENT, INC.

**Current Principal Place of Business:**

2415 SHOOKS FOLLY CT  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

2415 SHOOKS FOLLY CT  
RUSKIN, FL 33570

**New Mailing Address:**

**FEI Number:** 20-5135816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, DONNEL  
2415 SHOOKS FOLLY CT  
RUSKIN, FL 33570 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DONNEL MILLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** MILLER, DONNEL  
**Address:** 2415 SHOOKS FOLLY CT  
**City-St-Zip:** RUSKIN, FL 33570

**Title:** VP  
**Name:** MILLER, DONNEL  
**Address:** 2415 SHOOKS FOLLY CT  
**City-St-Zip:** RUSKIN, FL 33570

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DONNEL MILLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSTD

01/17/2011

\_\_\_\_\_  
Date