

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 24 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000013732

1. Corporation Name

HOME THEATRE SOLUTIONS, INC.

900024204709  
10/28/03--01043--013 \*\*\$1.25

2. Principal Office Address

120 W. Crown Point Road  
Suite, Apt. #, etc.

Suite 106

City & State

Winter Garden FL

Zip

Country

34787

U.S.A.

3. Mailing Office Address

120 W. Crown Point Road  
Suite, Apt. #, etc.

Suite 106

City & State

Winter Garden FL

Zip

Country

34787

U.S.A.

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

2/16/1995

5. FEI Number

593302477

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

ANIK A S. RUFF

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

120 W. Crown Point Road

Suite, Apt. #, Etc.

Suite 106

City

Winter Garden

State

FL

Zip Code

34787

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

Anika Ruff

Date 10/15/03

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
D	Anika S. Ruff	9216 Lake Fischer Boulevard	Gotha, FL 34734
D	Phillip C. Ruff	9216 Lake Fischer Boulevard	Gotha, FL 34734

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:

Anika Ruff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 407-298-5080

Date

Daytime Phone #

CR2E0811002