

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 18 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022339**

1. Corporation Name

HOME ROCK ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

490 S.W. 101 TERRACE
PLANTATION FL 33324

490 S.W. 101 TERRACE
PLANTATION FL 33324



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7077 W. BROWARD BLVD

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

730

5. FEI Number

65-0579496

Applied For

Not Applicable

City & State

City & State
PLANTATION

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

33317

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VPT SEC	BENJAMIN SCHIFF	7077 W. BROWARD BLVD #730	PLANTATION, FL 33317
PRES	RICHARD A. REIZEN	^ ^ ^ ^	^ ^ ^
			100002010851--9 -11/21/96--01026-017 ***\$375.00 ***\$375.00

REINSTATEMENT 1996
A. Man

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHIFF, BENJAMIN
490 SW 101 TERRACE
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/11/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED
Benjamin Schiff 11/11/96

11/11/96

954-474-3252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #