

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

1997 SEP -4 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097223**

1. Corporation Name

HOME ENTERTAINMENT CONCEPTS CORPORATION

W97-18450

Principal Place of Business

Mailing Address

**4533 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

**4533 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3359952

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HOLDEN, JEFFREY K	4533 SOUTH FLORIDA AVENUE	LAKELAND FL 33813

200002286252--6
09/05/97 01113 003
******365.00 ****365.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLDEN, JEFFREY K
4533 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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

REGISTERED AGENT MUST SIGN

Date

9-2-97

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-5-97

CR2040 (7/96)

2

Gold Rush Entertainment, Inc.
Home Entertainment Concepts Corporation
4533 S. Florida Avenue
Lakeland, FL 33813
(941) 648-1914

September 2, 1997

Florida Department of State
Annual Report/Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Ref: P95000068738
P95000097223

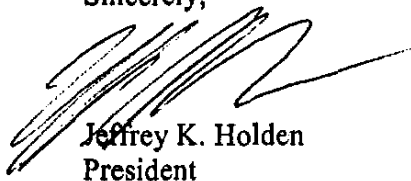
To Whom It May Concern:

In response to your letter dated August 12, 1997, I am informing you that Gold Rush Entertainment, Inc. and Home Entertainment Concepts Corporation did not receive any notice regarding the filing of annual reports.

I am enclosing a check for \$365.00 for each corporation which is the filing fees for 1996-1997.

Thank you for your assistance in this matter.

Sincerely,



Jeffrey K. Holden
President

SBSTAX