

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 23 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300007980223--4
-09/24/02--01030--027
****297.50 ****297.50

DOCUMENT # 713506

1. Corporation Name
Jefferson Condominium of Hollywood, Inc

REINSTATEMENT 01-02

2. Principal Office Address
1940 Harrison Street

3. Mailing Office Address
1940 Harrison Street

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip Country
33020 USA

Zip Country
33020 USA

4. Date Incorporated or Qualified To Do Business in Florida
10/24/67

5. FEI Number Applied For
5923 80070 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
Fred Hochstein

Street Address (P.O. Box Number is Not Acceptable)
1940 Harrison Street, Suite 300

Suite, Apt. #, Etc.
#300

City
Hollywood

State Zip Code
FL *33020*

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 *[Signature]* Date *8/15/02*
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
PD	Joan Prael	2005 Jefferson St, Apt 305	Hollywood, FL 33020
TD	Victor Fausa	2005 Jefferson St, Apt 309	Hollywood, FL 33020
SD	Aynes Schiller	2005 Jefferson St, Apt 105	Hollywood, FL 33020

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: *Joan Prael* Date *8/15/02* (954) 922-4679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

21 9/23/02