


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 713506

1. Entity Name
JEFFERSON CONDOMINIUM OF HOLLYWOOD, INC.



FILED
07 MAY 30 PM 12: 27

Principal Place of Business 2005 JEFFERSON STREET HOLLYWOOD, FL 33020	Mailing Address 1930 HARRISON STREET 503 HOLLYWOOD, FL 33020
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box # <i>1930 Harrison Street</i>	3. Mailing Address <i>1930 Harrison Street</i>
Suite, Apt. #, etc. <i># 503</i>	Suite, Apt. #, etc. <i># 503</i>



REINSTATEMENT *06-07*

City & State <i>1930 Harrison Street FL</i>	City & State <i>Hollywood, FL</i>	4. FEI Number 59-2380070	Applied For Not Applicable
Zip <i>33020</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOCHSZTEIN, FRED
1930 HARRISON STREET
503
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *5/24/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUSLER, RALPH 2005 JEFFERSON HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESS, JOAN 2005 JEFFERSON HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAVANAUGH, DANIELLE 2005 JEFFERSON ST. HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CREED, ROBERT 2005 JEFFERSON HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M/B</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900104255119 06/12/07--01012--005 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DTodd Kavanaugh</i> <i>2005 Jefferson Street</i> <i>Hollywood FL 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VCesar Vega</i> <i>2005 Jefferson St</i> <i>Hollywood, FL 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>SRobert Creed</i> <i>2005 Jefferson Street</i> <i>Hollywood, FL 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TDMichael Grumine</i> <i>2005 Jefferson Street</i> <i>Hollywood FL 33020</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Juan Gamboa</i> <i>2005 Jefferson Street</i> <i>Hollywood, FL 33020</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. W. Schusler Jr.* Date *May 24, 2007* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR