PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -7 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002065

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12/07/05--01042--013 **236.25

1. Corporation Name

Hollywood Medical Condominium Association, Inc

2. Principal Office Address		**3.** Mailing Office Address c/o Absolute Property Management	
210 S. Federal Hwy		101 N. State Rd 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#119	
City & State		City & State	
Hollywood Fl		Margate Fl	
Zip	Country	Zip	Country
33020	USA	33063	USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 2/27/04

5. FEI Number 20-3380077 ☐ 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: Absolute Property Management, Inc

Street Address (P.O. Box Number is Not Acceptable): 101 N. State Rd. 7

Suite, Apt. #, Etc.: #119

REINSTATEMENT 05

City: Margate | State: FL | Zip Code: 33063

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 _____ Date 11/22/05
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
Pres.	Vladimir Grnja	923 Captiva Dr	Hollywood Fl 33019
Treas.	Vlasta Grnja	923 Captiva Dr	Hollywood Fl 33019
Sec	Jennifer Grnja	923 Captiva Dr	Hollywood Fl 33019
V. Pres	Mark Grnja	1024 Harrison Street	Hollywood, Fl 33019

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: _____ 11/22/05 954-984-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M Williams DEC - 7 2005