

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 10 P 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000740

1. Corporation Name

CSM - Hollywood Realty Corp.

2. Principal Office Address

670 White Plains Rd

Suite, Apt. #, etc.

Suite 305

City & State

Scarsdale, NY

Zip

10583

Country

USA

3. Mailing Office Address

670 White Plains Rd

Suite, Apt. #, etc.

Suite 305

City & State

Scarsdale, NY

Zip

10583

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/26/2001

5. FEI Number

22-3779226

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

CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City

Plantation

400024533844
11/13/03--01029--006 **750.00

400024633844
09/14/04--01024--013 **1050.00
State Zip Code
FL 33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/22/03

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
P	Mr. Maidad Rabina	670 White Plains Rd	Scarsdale, NY 10583

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:

Maidad Rabina

10/16/03

914-722-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)