PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 NOV 14 AM 8: 55 DOCUMENT # F93000005739 1. Corporation Name retary of state HOLLYWOOD TRENZ, INC. --01159---015 11/19/96 ****375.00 ****375.00 Principal Place of Business Mailing Address 3471 NORTH FEDERAL HIGHWAY, SUITE 501 3471 NORTH FEDERAL HIGHWAY, SUITE 901 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33308 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 Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/20/1983 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2839130 City & State City & State Not Applicable Zip Country Zio CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zio DPC SHOWALTER, EDWARD R 3471 NORTH FEDERAL HIGHWAY, STE FORT LAUDERDALE FL 33308 DVS BURTON, ROBERT E JR. 3471 NORTH FEDERAL HIGHWAY, STE FORT LAUDERDALE FL 33306 D SMITH, GERGORY D 1995 W. COMMERCIAL BLVD STE #L FT. LAUDERDALE FL 33300 BANK ED STATE DV BEAUMONT, R. SCOTT 3471 N.Federal Hwy#501 Ft.Lauderdale, FL 33306 5. Name and Address of Current Registered Agent SHOWALTER, EDWARD R Street Address (P.O. Box Number is Not Acceptable 3471 NORTH FEDERAL HIGHWAY SLITE 501 Suite, Apt. #, Etc. FORT LAUDERDALE FL 33308 Zio Cod 10. I, being appointed the registered agent of the rule obligations of Section 607.0505, F.S. Signature of Registered Age 11-8-96 3"1 1 Date STERED AGENT MUST SIGN **张教士**和中 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes L 12. I corrlity 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 fling

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 ties 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.

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MONANUME AND TYPED OR PRINTED MARK OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

11-8-96

STEEL ST

(954)568-0433