

APPROVED  
AND  
FILED

96 NOV 14 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500002008755--2  
-11/19/96--01159--015  
\*\*\*\*\*375.00 \*\*\*\*\*375.00

**HOLLYWOOD TRENT, INC.**

Mailing Address

3471 NORTH FEDERAL HIGHWAY, SUITE 501  
FORT LAUDERDALE FL 33308

**If above addresses are incorrect in any way, line through incorrect information and enter correction below.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

Country

12/20/1983

59-2839130

Not Applicable

6.

**CERTIFICATE OF STATUS DESIRED** ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

**REINSTATEMENT** 96

**8. Name and Address of Current Registered Agent**

SHOWALTER, EDWARD R  
3471 NORTH FEDERAL HIGHWAY  
SUITE 501  
FORT LAUDERDALE FL 33308

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zig Code

10. I, being appointed the registered agent of the above named corporation, do hereby certify and accept the obligations of Section 607.0505, F.S.

Signature of \_\_\_\_\_  
Registered Agent

Date **11-8-96**

**REGISTERED AGENT MUST SIGN**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-8-96**

(954) 568-0433

Date \_\_\_\_\_

Daytime Phone #