

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001661

1. Corporation Name

4937 Waterway, Inc., a Delaware corporation

2. Principal Office Address

11766 Wilshire Blvd.

Suite, Apt. #, etc

Suite 1450

City & State

Los Angeles, CA

Zip

90025

Country

USA

3. Mailing Office Address

11766 Wilshire Blvd.

Suite, Apt. #, etc

Suite 1450

City & State

Los Angeles, CA

Zip

90025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 1, 1997

5. FEI Number

95-4626445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Paracorp Incorporated

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

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

See Attached

Date

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
C/P/S/T	James M. Lippman	11766 Wilshire Blvd., Suite 1450	Los Angeles, CA 90025
D/V	John S. McKee	11766 Wilshire Blvd., Suite 1450	Los Angeles, CA 90025
V	Keith T. Holmes	2121 Ave. of the Stars, 22nd Floor	Los Angeles, CA 90067

REINSTATEMENT 2001-2005

BR

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)(f), 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

Date

Daytime Phone #

John McKee 10/17/05 3107850605

FILED
05 OCT 19 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/01/05--01048--001 **1350.00

F97000001661

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/19/08

ENTITY NAME: 4937 Waterway, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

RJA

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner

Denise Zollner, Assistant Secretary
Paracorp Incorporated