
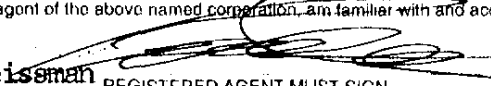
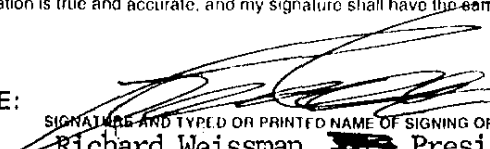


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K97311			
1. Corporation Name HOLLYWOOD HILLS PRIVATE SCHOOL, INC.			
Principal Place of Business 621 NW 53rd Street Suite 450 Boca Raton, FL 33487		Mailing Address 621 NW 53rd Street Suite 450 Boca Raton, FL 33487	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">06/22/89</div>	
		5. FEI Number <div style="text-align: right;">65-0129003</div>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	D/P/S/T Weissman, Richard	621 NW 53rd Street #450	Boca Raton, FL 33487
8. Name and Address of Current Registered Agent Chiras, David L. P.A. 4517 NW 31st Avenue Fort Lauderdale FL 33309		9. Name and Address of New Registered Agent Name Richard Weissman Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street #450 Suite, Apt. #, Etc. City Boca Raton, State FL Zip Code 33487	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Richard Weissman  REGISTERED AGENT MUST SIGN Date 12/15/97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 Richard Weissman, President		12/15/97 Date (561) 994-6226 Daytime Phone #	

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

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***1245.00 ***1245.00**