

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:21

1. DOCUMENT # L01000020834

Name and Mailing Address

0003638 01 FP 0.352 \*\*PRSR T1 0 0615 33328-200760



RM HOLLYWOOD HILLS PLAZA SHOPPING CENTER GP, LLC  
3325 SOUTH UNIVERSITY DRIVE  
SUITE 210  
DAVIE FL 33328-2007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300008780713  
11/04/02--01058--017 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE FL 33328		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/03/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1158820 Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE FL 33328		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 11/1/02			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROSS, BARRY	3325 SOUTH UNIVERSITY DRIVE	DAVIE FL 33328
MGRM	MATZ, WILLIAM D	3325 SOUTH UNIVERSITY DRIVE	DAVIE FL 33328
<b>12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> Signature of Managing Member/Manager: [Signature] Date: 11/1/02 Daytime Phone #: 954-452-5000			

CR2E084 (8/02)