

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
DIVISION OF CORPORATION

FILED

02 NOV -4 AM 11:21

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

1. DOCUMENT # L01000020834
Name and Mailing Address

0003638 01 FP 0.352 **PRSRT T1 0 0615 33328-200760
RM HOLLYWOOD HILLS PLAZA SHOPPING CENTER GP, LLC
3325 SOUTH UNIVERSITY DRIVE
SUITE 210
DAVIE FL 33328-2007



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/03/2001	
Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE FL 33328	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1158820	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE FL 33328		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 11/1/02

11. Names and Street Addresses of Each Managing Member/Manager			
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

REINSTATEMENT 02
[Signature]

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.
Signature of Managing Member/Manager: [Signature] Date: 11/1/02 Daytime Phone #: 954-452-5000
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)