PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -9 PM 1:50

DOCUMENT # L02000023208

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02/24/04--01033--033 **205.00

1. Limited Liability Company's Name
Hollywood Business Center LC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7800 Colony Circle | 7800 Colony Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 104 | 104 |
| City & State | City & State |
| TAMARAC FL | TAMARAC FL |
| Zip / Country | Zip / Country |
| 33321 / US | 33321 / US |

4. State/Country of Formation: FL / US

5. Date Organized or Qualified To Do Business in Florida: 10/6/02

6. FEI Number: 16-1627961 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Claudio Reyes
Street Address (P.O. Box Number is Not Acceptable): 7800 Colony Circle
Suite, Apt. #, Etc.: 104
City: TAMARAC State: FL Zip Code: 33321

9. 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] Date: 2/4/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | Claudio Reyes | 7800 Colony Circle, UNIT 104, ~~TAMARAC~~ | TAMARAC/FL/33321 |
| | | | |
| | | | |
| | | REINSTATEMENT 03-04 cw | |
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11. 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: 2/4/04 Daytime Phone #: 954-303-2423

Typed or printed name of signing Managing Member/Manager: CLAUDIO Reyes