PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000006352

1. Limited Liability Company's Name
Hollywood Property, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4401 Collins Ave.	2554 N. Rosemont Ct.
Suite, Apt. #, etc.: #1709	Suite, Apt. #, etc.:
City & State: Miami Beach, FL	City & State: Wichita, KS
Zip: 33140 / Country: USA	Zip: 67228 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: January 18, 2006

6. FEI Number: 20-4276880 ☐ 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: Aly Gadalla

Street Address (P.O. Box Number is Not Acceptable): 4401 Collins Ave.

Suite, Apt. #, Etc.: #1709

City: Miami Beach | State: FL | Zip Code: 33140

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 5/6/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Aly Gadalla	2554 N. Rosemont Ct.	Wichita, KS 67228
AR	Michael Estivo	12711 E Killarney	Wichita, KS 67206

11. E-mail Address: dgadalla@hotmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager _____ Date 5/6/14 Daytime Phone # 316 641 7385

Typed or printed name of signing Authorized Representative/ Manager: Aly Gadalla