PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC -5 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L06000046246

1. Limited Liability Company's Name

Hollywood Hills GP, LLC 07

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2860 State Road 84		2860 State Road 84	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip 33312	Country USA	Zip 33312	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/03/2006

6. FEI Number: [ ] Applied For [✓] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [✓]

8. Name and Address of Current Registered Agent

Name: BSPA Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 350 East Las Olas Blvd.

Suite, Apt. #, Etc.: Suite 1000

City: Ft. Lauderdale State: FL Zip Code: 33301

[✓] A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 12/03/07

REGISTERED AGENT MUST SIGN

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.	Glen Miller	2860 State Road 84, Suite 103	Ft. Lauderdale, FL 33312

REINSTATEMENT 2007

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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 _____ Date 12-4-07 Daytime Phone # 954.797-7974

Typed or printed name of signing Managing Member/Manager Glen Miller