PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2000-2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L95000000561

1. Limited Liability Company's Name

Seven's of Hollywood, a Limited Company

2. Principal Office Address		**3.** Mailing Office Address	
1500 N. Ocean Drive		1500 N. Ocean Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood, Fl		City & State: Hollywood, FL	
Zip: 33019	Country: USA	Zip: 33019	Country: USA

4. State/Country of Formation: Florida --USA

5. Date Organized or Qualified To Do Business In Florida: 7-24-95

6. FEI Number: 65-0603917 — Applied For / Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Amy Metzger

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-03/22/01--01071--004
****205.00 ****205.00

Street Address (P.O. Box Number Is Not Acceptable): 1500 N. Ocean Drive

Suite, Apt. #, Etc.:

City: Hollywood, FL 33019 — State: FL — Zip Code: 33019

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 3/15/2000

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	Amy Metzger	1500 N. Ocean Drive	Hollywood, FL 33019
MEM	Arthur Metzger	1500 N. Ocean Drive	Hollywood, FL 33019
MEM	Gary Metzger	" "	" "
MEM	Jean Parisi	" "	" "
MEM	Leslie Metzger	" "	" "
MEM	Carol Metzger	" "	" "

REINSTATEMENT 2000-2001

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 3/15/2000 Daytime Phone # 954-240-2852

Typed or printed name of signing Managing Member/Manager _____