Oct. 17. 2003 11:53AM READ ALL INS... No. ...

L99000008156

LLC
~~CORPORATION~~
REINSTATEMENT

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

FILED
03 OCT 29 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200024123072
11/04/03--01067--009 **50.00

200024123072
11/04/03--01067--008 **100.00

DOCUMENT # L99000008156

1. Corporation Name
Hollywood 2000 Development, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2800 Weston Rd.	
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.
City & State: Weston, FL	City & State
Zip: 33331 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 656355556 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name: Legal Information Services
Street Address (P.O. Box Number is Not Acceptable): 2800 Weston Rd
Suite, Apt. #, Etc.: Suite 204
City: Weston State: FL Zip Code: 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10/17/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	IGNACIO MARTINEZ	2800 Weston Road Suite 204	Weston, F.L. 33331
VP	NOEL EPELBOIM	2800 Weston Road Suite 204	Weston, F.L. 33331
	REINSTATEMENT 2003		

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 10/17/03 954 385 2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (5/01)

TOTAL P.02