

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 22 PM 12:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M83185 (2)
 1. Corporation Name
 HALLMARK COMMERCIAL ASSOCIATES, INC.

Principal Place of Business Mailing Address
 3800 S. OCEAN DRIVE 3800 S. OCEAN DR
 SUITE 205 SUITE 205
 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019

200002548152--2
 -06/04/98--D1096--007
 ***1050.00 ***1050.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/31/88
 5. FEI Number 45-0063614 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PD | MICHAEL LEVY | 3800 S. OCEAN DR. STE 205 | HOLLYWOOD, FL 33019 |
| VD | JON FELS | 3800 S. OCEAN DR. STE 205 | HOLLYWOOD, FL 33019 |
| SD | DAN KLEIMAN | 3800 S. OCEAN DR STE 205 | HOLLYWOOD, FL 33019 |
| TD | ROSS ADICKMAN | 3800 S. OCEAN DR STE 205 | HOLLYWOOD, FL 33019 |

REINSTATEMENT 5/19/98

8. Name and Address of Current Registered Agent
 ROSS ADICKMAN
 3800 S. OCEAN DRIVE
 STE 205
 HOLLYWOOD, FL 33019

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent [Signature] RE-GISTERED AGENT MUST SIGN Date 5/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/19/98 Daytime Phone # 954 458-7828

CR2EC00 1198