PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #N02000004310

1. Corporation Name

Hollywood Trust, Inc.

07-04

700034384327
04/28/04--01020--013 **122.50

2. Principal Office Address	**3.** Mailing Office Address
4500 N. Surf Rd.	4500 N. SURF Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood, FL
Zip: 33019 Country: USA	Zip: 33019 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2002

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William S. WATMAN

Street Address (P.O. Box Number is Not Acceptable): 4500 N. SURF RD.

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33019

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 4/16/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Sara Case	851 Harrison ST.	Hlwd., FL 33019
D	Gary ISAACSON	4500 N. SURF RD.	Hlwd., FL 33019
D	LAURIE SCHECTER	4500 N. SURF RD.	Hlwd., FL 33019
D	William S. Watman	1401 S. Ocean Dr. #605	Hlwd., FL 33019
D	Steve Welsch	315 Desoto St.	Hlwd., FL 33019

10. 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.

954-

SIGNATURE: Laurie Schecter LAURIE SCHECTER April 16, 2004 923-6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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April 16, 2004
4500 N. Surf Road
Hollywood, FL
33019

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attention Reinstatement Section:

I am writing to let you know that we did not receive the 2003 annual report form. I am asking, therefore, if you would please waive the reinstatement fee.

I have enclosed a check for 2003 and 2004 in the amount of $122.50 ($62.25 each year) and a filled in Reinstatement Application.

Please let me know if there is any further information you need from Hollywood Trust, Inc.

Thank you for your time and efforts on our behalf.

Laurie Schecter

Laurie Schecter, Director
Hollywood Trust, Inc.