## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  Secretary of State Source of Corporations  DOCUMENT #NO 200000 4310  1. Corporation Name  Hollywood Trust, Inc.  2. Process Office Address  Hollywood Trust, Inc.  Source, Apr. 19 de.  The Document of Corporation Name  Hollywood FL  Hollywood FL  Hollywood FL  Hollywood FL  Source, Apr. 19 de.  Source, Apr. 19 de.  Source, Apr. 19 de.  Source, Apr. 19 de.  The Bost Incorporate Control of Corporation Name of Corporation of Corporation of Corporation of State o				FILED	
## Process Office Address Offic		2 2 73 2 64 2 2	Secretary of State	04 APR 29 AM 9:45	
2. Principal Office Address  ### 200 N. Sunf RD.  Sulfe. Apt. #, sec.  Sulfe. Apt. #, sec.  Sulfe. Apt. #, sec.  Cry & State  ### 200 N. Sunf RD.  Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  Cry & State  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  4. Death properties of Countries  ### 200 D. Sulfe. Apt. #, sec.  ### 200 Death properties of Countries  ### 200 Death properties  ### 200 Death properti	_		FALLAHASSEE FLORIDA		
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Office Address 4500 N. Sun F RD. 4500		3. Mailing Office Address 4500 N. SURF R	700034384327 04/28/0401020013 **122.50	
## ## ## ## ## ## ## ## ## ## ## ## ##				A Data Incomposited or Qualified	
Name William S. WATMAN Street Address (P.O. Box Number is Not Acceptable) 4500 N. SURF PD. Sulte, Apt. #, Etc.  City HOLLY WOOD  8. 1. being appointed the Pajistered agent, who above patterned corporation, am familiar with and accept the obligations of section 807,0505 or 617,0505, F.S. Signature of Registered Agent WIST SIGN  9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors  Dava Case 851 Harri Son ST. Hwd., FL 33019  P Gary Isaacson 4500 N. SURF PD. HIWd., FL 33019  D William S. Wotman 1401 S. Ocean Tr. 655 HIWd., FL 33019  D William S. Wotman 1401 S. Ocean Tr. 655 HIWd., FL 33019  D Steve Welsch 315 Desoto St. HIWd., FL 33019  10. Lordity that I am an officer or director or trustee empowered to execute this application as provided for in chapter 607 or 817, 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 817,0401, F.S. this at least on this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 817,0401, F.S. this at least on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.  4054 -  SIGNATURE: KAWW. WHATH. ANNE SCHECTBC April 16, 2004 923-6178	HOLLYWOOD FL HOLL		Hollywood, FL		
Name William S. WATMAN Street Address (P.O. Box Number is Not Acceptable) 4500 N. SURF PD. Sutto, Apt. #, Etc.  Cay HOLLY WOOD  8. 1. being appointed the dejectered agent with a boyer William corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Redistrened Agent Must signature of Redistrened Agent Must signature of Registered Agent Registered Agent Must signature of Registered Agent Registered Regist		·	219 33019 Country USA	CEDTIFICATE OF STATUS DESIDED . 30.15 Additional res required	
Street Address (P.O. Box Number is Not Acceptable)  4500 N. SURF PD.  Suite, Apt. #, Etc.  City  HOLLY WOOD  8. 1. being appointed the application of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Registered Agent  PEGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (FlorAda nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  City / State / Zip  D SAVA CASE  8. 1. Harrison ST. Hwd., FL 33019  D Gavy ISAACSON 4500 N. SURF RD. HIWd., FL 33019  D WILLIAM S. Wortman 1401 S. Ocean Tr. 655  HIWd., FL 33019  D WILLIAM S. Wortman 1401 S. Ocean Tr. 655  HIWd., FL 33019  10. Lecrity that I am an officer or director or thoreover or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when Illing this reinstatement application, the reason for dissolution has been eliminated, the corporation mane satisfies the requirements of section 607.0401 or 917/0101, F.S. The third work on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  1954  SIGNATURE: KAWW. WHATH. APPLE SCHECTBL APPTI 16, 2004 923-6778	į		7. Name and Address of Current Re	gistered Agent	
Suite, Apt. #, Etc.  City HOLLY WOOD  8. 1, being appointed the Pagistered agent at the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S.  Signature of Hecist-Ered Agent Must sign  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Directors  Page 14/16/04  PARACSON STARCSON ST. Hwd., FL 33019  D Gary ISAACSON 4500 N. SURF RD. HIWd., FL 33019  D WILLIAM S. WOTMAN 1401 S. Ocean Tr. 605 HIWd., FL 33019  D WILLIAM S. WOTMAN 1401 S. Ocean Tr. 605 HIWd., FL 33019  D Steve Welsch 315 Deso to St. HIWd., 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 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate names attifies the requirements of section 607 (201 or 617 001) F.S. that all less owed by the opporation makes been paid and the names of individuals listed on this form do not qualify for an exemption under section 110,07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the aame legal effect as if made under oath.  SIGNATURE: KAMWI SWILL LAVELE SCHECTBR April 16, 2004 923-6778	WILLIAM S. WATMAN Street Address (P.O. Box Number is Not Acceptable)				
8. I, being appointed the legistered agent of the above samed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent RecistRED AGENT MUST SIGN  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 (Florida nonprofit corporations must list at least 3 directors)  D SAVA (ASE SSI HAMISON ST. HWA, FL 330.19  D GARY ISAACSON 4500 N. SURF RD. HIWA, FL 330.19  D WILLIAM S. WOTMAN 1401 S. OCEAN TY. 605 HIWA, FL 330.19  D WILLIAM S. WOTMAN 1401 S. OCEAN TY. 605 HIWA, FL 330.19  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)(6), 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: XAWAY XAVELE SCHECTER April 1/6, 200.4 923-677.8					
Signature of Registered Agent  When Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Each Officers  Nam		City HOLLY WOOD		State Zip Code 33019	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer Office	Signature of Registered Agent Date 4/16/04				
D SAVA CASE  851 Harrison ST. Hwd., FL 33019  D GAVY ISAACSON 4500 N. SURF RD. HIWd., FL 33019  D LAURIE SCHEUER 4500 N. SURF RD. HIWd., FL 33019  D WILLIAM S. Watman 1401 S. Ocean Dr. 605 HIWd., FL 33019  D Steve Welsch 315 Desoto St. HIWd., 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 817, 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, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form on ord qualify for an exemption under section 119.07(3)(1), 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: Lawrie Scheck April 16, 2004 923-6778	9. Names	and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must lis	st at least 3 directors)	
D Gary ISAACSON 4500 N. SURF RD. HIWd., FL 3309 D LAURIE SCHEUER 4500 N. SURF RD. HIWd., FL 33019 D WILLIAM S. Watman 1401 S. Ocean Dr. 605 HIWd., FL 33019 D Steve Welsch 315 Desoto St. HIWd., 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 filling 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: Kauwie Swetzer April 16, 2004 923-6778	Titles				
D LAURIE SCHEGER 4500 N. SURF RD. HIWd., FL 33019  D William S. Wotman 1401 S. Ocean Dr. 605 HIWd., FL 33019  D Steve Welsen 315 Desoto St. HIWd., 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.  SIGNATURE: Lawrie Schercher April 16, 2004 923-6778	D			SONST. Hwd., FL 33019	
D william S. Wotman 1401 S. Ocean Tr. 605 HIWd., FL 33019  D Steve Welsch 315 Desoto St. HIWd., 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.  SIGNATURE: **Lawyer** Supplies the same legal effect as if made under oath.**  AVRIE SCHECTBR April 16, 2004 923-6778	<u> P</u>	J			
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 817, F.S. I further certify that when filling 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: Auxil Substitute Average April 16, 2004 923-6778	12	LAURIE ScHE	EUER 4500 N. SUF	# 111-00-11	
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 817, 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:  April 16, 2004 923-6778	D				
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: Auxil Supplies	$\mathcal{V}$	Steve Wels	Ch 315 Desot	to St. H/Wd., FL 33019	
GIGHATORE AND TITLE OR CHIRCLE HARRE OF GIGHING OFFICER OR DIRECTOR DEC Cayuno Fillio #					

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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.

r. . .

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, Director

Lanie Che Er

Hollywood Trust, Inc.