

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -7 AM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO4000002065*

1. Corporation Name

*Hollywood Medical Condominium
Association, Inc*

000061593350
12/07/05--01042--013 **236.25

2. Principal Office Address

210 S. Federal Hwy

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Office Address

*910 Absolute Property management
101 N. STATE Rd 7*

Suite, Apt. #, etc.

#119

City & State

MARGATE FL

Zip

33063

Country

USA

Property management

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/04

5. FEI Number

20-3380077

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

Absolute Property management, Inc

Street Address (P.O. Box Number is Not Acceptable)

101 N. STATE Rd. 7

Suite, Apt. #, Etc.

#119

City

Margate

State

FL

Zip Code

33063

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/22/05

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
<i>Pres.</i>	<i>Vladimir GRNJA</i>	<i>923 Captiva DR</i>	<i>Hollywood FL 33019</i>
<i>Treas.</i>	<i>Vlasta GRNJA</i>	<i>923 Captiva DR</i>	<i>Hollywood FL 33019</i>
<i>Sec</i>	<i>Jennifer GRNJA</i>	<i>923 Captiva DR</i>	<i>Hollywood FL 33019</i>
<i>V.Pres</i>	<i>Mark GRNJA</i>	<i>1024 Harrison STREET</i>	<i>Hollywood, FL 33019</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/05
Date

984-984-8200
Daytime Phone #