PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 29 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500164031285
12/23/09--01033--010 **600.00

12/18/09 01044 012-750.00

CR2E081 (11/09)

DOCUMENT # P00000062255

1. Corporation Name

Hollywood Broker Corporation

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 2215 N 20 Ave | | PO BOX-223217 | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Hollywood | | Hollywood | |
| Zip | Country | Zip | Country |
| FL | Broward | FL | 33022 |

4. Date Incorporated or Qualified To Do Business in Florida 6/23/2000

5. FEI Number 27-1358660 ☐ 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: Julio Ortiz

Street Address (P.O. Box Number is Not Acceptable): 2215 N 20 Ave

Suite, Apt. #, Etc.:

City: Hollywood | State: FL | Zip Code: 33020

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/14/2009

REGISTERED 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 | City / State / Zip |
|---|---|---|---|
| P | Julio Ortiz | 2215 N 20 Ave | Hollywood, FL 33020 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

01-09

10. E-mail Address: _____

(To be used for future annual report notification)

11. 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. I further certify, 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: _____ Julio Ortiz, President 12/14/2009 4.00pm

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