

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY - 1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000102485

1. Corporation Name

HOLLYWOOD PRODUCTIONS, INC.

Principal Place of Business

593 BROOK CIRCLE
DAYTONA BEACH FL 32119-3217

Mailing Address

593 BROOK CIRCLE
DAYTONA BEACH FL 32119-3217

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3695938

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUGHES, MARK S	593 BROOK CIRCLE	DAYTONA BEACH FL 32119
D	MILLER, JOHN E	3441 CORNELL TERRACE	DELTONA FL 32738

000014694850
05/01/03--01029--013 **150.00

000014694850
03/26/03--01004--012 **750.00

8. Name and Address of Current Registered Agent

HUGHES, MARK S
593 BROOK CIRCLE
DAYTONA BEACH FL 32119-3217

9. Name and Address of New Registered Agent

Name
Joy Fotheringham
Street Address (P.O. Box Number is Not Acceptable)
Bookkeeping & Tax Services
Suite, Apt. #, Etc.
226 McIntosh Rd
City
Ormond Beach
State
FL
Zip Code
32174-5517

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. or 617.0505, F.S.

Signature of
Registered Agent

Joy Fotheringham
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

02/28/2003

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 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:

Mark S. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK S. HUGHES

02/28/03 386.756.6374
Date Daytime Phone #