## DI EASE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

PLEASE I	NEAD ALL INST	NOCTIONS BEFORE		110 1111	O I OI IIVI.	-	$OX_{\mathcal{C}}$
CORPORATION REINSTATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	05		LED 22 PH <b>3</b> :	ls 1	
DOCUMENT # PO2000130796  1. Corporation Name  Alollywood Property Group, Inc.					oee, elori		
2. Principal Office Address 1621 5 2155 Ave	3. Mailing Of	ffice Address S 2, 5t fre	AEMIS	TATE	州引州引	0.30	1F
Suite, Apt. #, etc.	Suite, Apt. #,			M			
City & State 20 144000	City & State		4. Date Incorp To Do Busi  5. FEI Numbe	ness in Florid r	la 12	- 31 - 0 3 Applied Not App	For
Zip Country	Zip	Country	6. CERTIFICATE	OF STATUS I		5 Additional Fee or a Certificate of S	
Name Abe Street Address (P.O. Box N 1621 Suite, Apt. #, Etc. City Hollyw	Saada Number is Not Acceptable)	lame and Address of Current Regist	US/24/I	U5U1U U5U1U U5U1U	2045 77022 2045 77023 Zip Code 3 30 2	**150.00 \$\frac{2}{2} **600.00	
8. I, being appointed the registered ager	nt of the above named corpo	ration, am familiar with and accept the	obligations of section	on 607.0505	or 617.0503, F.S		(01/04
Signature of Registered Agent				Date			
9. Names and Street Addresses of Each	h Officer and/or Director (Flo	orida nonprofit corporations must list at	least 3 directors)	a market sawr officer			
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
MGR Abe Sa	Abe Saada		4001 N. 35 Ave		$\ell \cdot \neq /$	3302	/
P_ MARK_S	MARK Saada 1621 S. 21			Heo	O, Fl-	3302	0
VP REGINA	P REGINA Saado		St Avo	Hub	1 Fla	33020	)
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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

Date

Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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April 18, 2005

**To:** Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to inform you that I never received notice for the renewal of the corporation, **Hollywood Property Group**. I was also unaware that I was required to renew the corporation on a yearly basis.

Please note, that I did file a corporate tax return for 2003. Thus, this demonstrates my interest in keeping the corporation open. Please accept my apologies and reinstate the corporation stated above and wave all subsequent fines or charges.

Enclosed you will find a check for \$ 600.00. Your department conveyed to me that this amount would be necessary to reinstate the corporation, **Hollywood Property Group**.

Thank you for your cooperation.

Sincerely,

Abe Saada - President