

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -2 PM 2:38

DOCUMENT # P05000120172

1. Corporation Name

Hollywood Paradise, Inc

2. Principal Office Address - No P.O. Box #

300-320 Boardwalk

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

Broward

3. Mailing Office Address

10401 NW 53 Street

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

Broward

REINSTATEMENT

08-10 B 34110

100170224001

02/23/10--01003--009 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2005

5. FEI Number

203412200

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

Yehouda Chehebar

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

10401 NW 53 Street

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

☒ 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

[Signature] 1/3/11

Date 02/18/2010

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	Yehouda Chehebar	10401 NW 53 Street	Sunrise, FL 33351

10. E-mail Address: dbenterprisesinc@bellsouth.net

(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:

[Signature] 1/3/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2010 954-741-1505

Date

Daytime Phone #