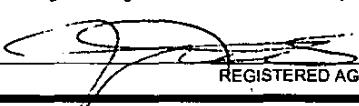


1082  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P05000166434</b>	
1. Corporation Name <b>HOLLYWOOD APPAREL, INC.</b>	

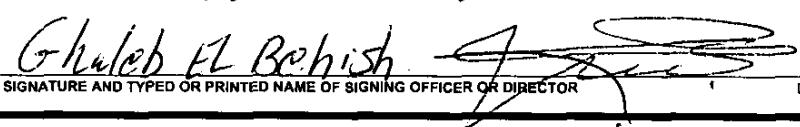
2. Principal Office Address - No P.O. Box # <b>1400 18TH AVE. S.</b>		3. Mailing Office Address <b>1400 18TH AVE. S.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>	
Zip <b>33705</b>	Country <b>USA</b>	Zip <b>33705</b>	Country <b>USA</b>

7. Name and Address of Current Registered Agent			
Name <b>GHALEB ELBEHISH</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>8221 JACARANDA AVE</b>			
Suite, Apt. #, Etc.			
City <b>LARGO</b>		State <b>FL</b>	Zip Code <b>33777</b>

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 <b>7/17/08</b>		
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	<b>GHALEB ELBEHISH</b>	<b>8221 JACARANDA AVE</b>	<b>LARGO, FL 33777</b>

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 contained in Chapter 119, 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.			
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SIGNATURE: 	Date <b>7-17-08</b>	Daytime Phone # <b>727502-0092</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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HOLLYWOOD APPAREL, INC.  
1400 18<sup>TH</sup> AVE. SOUTH  
ST. PETERBURG, FL 33705

July 17, 2008

Florida Department of State

Re: Corporation Reinstatement

Dear Sir/ Madam,

Please find attached corporation reinstatement application. We would like to request your consideration for waiver of reinstatement fees due to that prior notices were not received and as a new corporation at the time we had no knowledge of the requirement to renew on annual basis.

If you have any question, please call our new accountant Mr. Osama S Kayali CPA at (813) 899-9642.

You consideration will be highly appreciated.

Sincerely,

Ghaleb Elbehish

