

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR -2 A 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000134620

1. Corporation Name

HOLLYWOOD HOUSES CORP.

500171035785
03/02/10--01041--005 **450.00

CR2E081 (11/09)

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

3330 NE 190 STREET

3. Mailing Office Address

3330 NE 190 STREET

Suite, Apt. #, etc.

#1217

Suite, Apt. #, etc.

#1217

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2006

5. FEI Number

205761161

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

FERNANDO PLASTINO

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

3330 NE 190 STREET

Suite, Apt. #, Etc.

#1217

City

AVENTURA Miami

State

FL

Zip Code

33180

☒ 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 2/23/2010

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
PSD	FERNANDO PLASTINO	3330 NE 190 ST, #1217	MIAMI, FL 33180
VTD	HORACIO E. DE BARI	3370 NE 190 ST. #714	AVENTURA, FL 33180

REINSTATEMENT

08-10
PK

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:

Fernando Plastino

2/23/2010

305-372-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #