PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 JUN 11 PM 10:52

DOCUMENT # P15000058182

1. Corporation Name: Hollywood Construction Inc.

700346751277
06/22/20--01008--007 **402.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5300 Washington Street	P.O. Box 816486
Suite, Apt. #, etc.: Suite C117	Suite, Apt. #, etc.:
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33021 Country: USA	Zip: 33081 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/7/2015

5. FEI Number: 38-3975500 ☐ 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: Carlos Fabian
Street: 5300 Washington Street
Suite, Apt #, Etc.: Suite C117
City: Hollywood State: FL 33021

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06/22/20--01008--008 **1000.00

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 6/8/2020
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	Carlos Fabian	5300 Washington Street, Suite C117	Hollywood, FL 33021

FILED
2020 JUN 11 PM 6:
SECRETARY
TALLAHASSEE, FL

10. E-mail Address: racing3656@gmail.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 6/8/2020 954-790-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #