

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025645**

1. Corporation Name

**HOLLYWOOD WEST PROPERTIES, INC.**

Principal Place of Business

Mailing Address

~~1000 NE 163RD ST~~  
~~SUITE 205~~  
~~MIAMI FL 33162~~  
US

~~1000 NE 163RD ST~~  
~~SUITE 205~~  
~~MIAMI FL 33162~~  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*5761 Paddington Way*

*5761 Paddington Way*

City & State

City & State

*Boca Raton, FL*

*Boca Raton, FL*

Zip

Country

Zip

Country

*33496*

*Palm Beach*

*33496*

*Palm Beach*

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1993

5. FEI Number

65-0406135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MARKS, JEFFREY N	1990 NE 163RD ST STE 205	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARKS, JEFFREY N  
1990 NE 163RD ST  
SUITE 205  
MIAMI FL 33162

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date *10-13-99*

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-13-99*

Date

*954-1619549*

Daytime Phone #

KE