

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 26 PM 3:49

DOCUMENT # **P95000001959**

1. Corporation Name
HOLLY HEIGHTS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1492 HOLLY HEIGHTS DRIVE FT. LAUDERDALE FL	1492 HOLLY HEIGHTS DRIVE FT. LAUDERDALE FL



REINSTATEMENT 07

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.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/06/1995
5. FEI Number	65-0594797
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
P	LIBER, RENE'E M	1492 HOLLY HEIGHTS DRIVE	FT. LAUDERDALE FL
V	BUENO, ORLANDO E	1492 HOLLY HEIGHTS DRIVE	FT. LAUDERDALE FL
			300004677529 3 -11/14/01--01001--006 ****750.00 ****750.00
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

LIBER, RENE'E M
 1492 HOLLY HEIGHTS DRIVE
 FT. LAUDERDALE FL

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 *Renee M. Liber* Date 10-20-01
 REGISTERED AGENT MUST SIGN

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: *Renee M. Liber* Date 10-20-01 Daytime Phone # 954-960-9216
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/01)