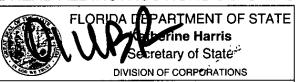
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DOCUMENT # **P95000045393**

1. Corporation Name

HOLLY HEIGHTS DEVELOPMENT, INC.

Principal	Place o	f Busine	SS

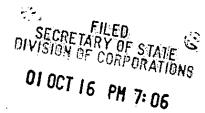
Mailing Address

1346 BAYVIEW DRIVE

P.O. BOX 4741

FORT LAUDERDALE FL 33304

FT. LAUDERDALE FL 33338



FORT CAUDENDALE PL 33304			FI. ENODEROALE PL 33330						
If above :	addroeeae ara	incorrect in any way, line t	through incorrect is	nformation a	and enter o	orrection below		n ar i	
		Address, If Applicable	3. New Maili						
						4. Date Incorporated or Qualified To Do Business in Florida 06/12/1995			
Suite, Apt. #, etc. City & State		Suite, Apt. #,	Suite, Apt. #, etc. City & State			5. FEI Number Applied For			
		City & State				65-0771060		Not Applicable	
		Zip Country			6. 4 \$8.75 Additional Fee required				
Zip		Country	Zip		Country		CERTIFICATE	OF STATUS DESIRED L	or a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer an	nd/or Director (Flo	rida nonprof	fit corporat	ions must list at lea	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3		et Address of Each cer and/or Director		City / Sta	ate / Zip
PSTD MURPHY, CHARLES E			1346 BAYVIEW DRIVE			FORT LAUDERDALE FL 33304			
									
							40	100046546 -10/26/0101 ****158.75	3442 1032025 ****158,75
		,			· · · · · · · · · · · · · · · · · · ·				
	,								
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
	-					Name			
MURPHY, CHARLES 1347 BAYVIEW DRIVE FT. LAUDERDALE FL 33304				Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.					
						City		State FL	Zip Code
10. I, being	g appointed th	ne registered agent of the a	bove named corpo	oration, am f	familiar with	h and accept the o	bligations of Secti	on 607.0505, F.S.	
									An
Signature o	of Agent	SIGNA		RE	QU.	IRED		Date	AD

CR2E040 (8/

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:

Shaling Nagrey-OPSTDIO

REGISTERED AGENT MUST SIGN

10/10/01 954-561-1836

Daytime Phone