PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 4:10
114

DOCUMENT # P95000050112

1. Corporation Name HOLLOW SHELL CORP.

Principal Place of Business
710 Washington Ave.
Miami Beach, FL. 33139

Mailing Address
(Same)

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
710 Washington Ave.
Suite, Apt. #, etc. N/A
City & State Miami Beach, FL.
Zip 33139 Country U.S.A.

3. New Mailing Address, If Applicable
(← same)
Suite, Apt. #, etc. —
City & State —
Zip — Country —

4. Date Incorporated Or Qualified To Do Business In Florida 6/26/95

5. FEI Number 65-0590860 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S-T and D	EVERLAYN BORGES	5445 Collins Avenue Apt. #1417, [redacted]	Miami Beach, FL.
			000001339040--1 -11/07/96--01050--016 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

ANTONIO LA ROCCA
2841 NE. 163rd Street
N. Miami Beach, FL. 33160

9. Name and Address of New Registered Agent

Name EVERLAYN BORGES
Street Address (P.O. Box Number is Not Acceptable) 710 Washington Avenue
Suite, Apt. #, Etc. N/A
City Miami Beach State FL Zip Code 33139

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 E Borges
EVERLAYN BORGES REGISTERED AGENT MUST SIGN
Date 10/22/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: E Borges EVERLAYN BORGES President 10/22/96 (305) 693-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)