

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
REINSTATEMENT
1997

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

DOCUMENT # P96000023363 (0)

1. Corporation Name

HOLLYWOOD HOTSHOTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

14501 THORNFIELD COURT
TAMPA FL 33618

14501 THORNFIELD COURT
TAMPA FL 33618

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 11:53



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 13012 N. Dale Mabry Hwy

26 13012 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Zip

24 33618

29 33618

Country

Country

25 Hills

30 Hills

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/11/1996

4. FEI Number

Applied For

59-3462137

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PAULSON, DI L

14501 THORNFIELD COURT
TAMPA FL 33618

81 Name

PAULSON, DI L.

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

13012 N. Dale Mabry Hwy

83

Suite B

84

TAMPA

FL

85

Zip Code

33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

10.8.97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME Owner
STREET ADDRESS Paulson, Diane L
CITY-ST-ZIP 13012 N. Dale Mabry Hwy
Suite B, TAMPA, FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***750.00 ***750.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

10.8.97

CR2E034 (4/97)