

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 JUN 2004 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000026189

1. Corporation Name

Hollywood Station, Inc.

2. Principal Office Address

5411 SW 39th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5411 SW 39th AVE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33312-6262 USA

City & State

Ft. Lauderdale, FL

Zip

33312-6262 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18/1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Catherine W. Neye

500004481825-5

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

5411 SW 39th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312-6262

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Catherine W. Neye*

REGISTERED AGENT MUST SIGN

Date 3/14/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.D.	Catherine W. Neye	5411 SW 39th AVE Ft. Lauderdale, FL	Ft. Lauderdale, FL 33312-6262

10. 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:

*Catherine W. Neye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

(954)

985-1120

Daytime Phone #

CR2E081 (9/00)