11/17/04 01033 021 #758.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -7 AM 8:00

DOCUMENT # P98000075699

1. Corporation Name
T.A.S. OF HOLLYWOOD, INC.

REINSTATEMENT 03-04
MRS

2. Principal Office Address		**3.** Mailing Office Address	
1508 BAY ROAD		1508 BAY ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N1577		N1577	
City & State		City & State	
MIAMI BEACH, FL		MIAMI BEACH, FL	
Zip	Country	Zip	Country
33139	USA	33139	USA

4. Date Incorporated or Qualified To Do Business in Florida 8/31/1998

5. FEI Number 65-0861274 ☐ 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
BRAD STEVEN FLEET

Street Address (P.O. Box Number is Not Acceptable)
1111 LINCOLN ROAD MALL - SUNTRUST BUILDING

Suite, Apt. #, Etc.
SUITE - PH 810

City	State	Zip Code
MIAMI BEACH	FL	33139

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 Brad Steven Fleet 12/6/04 Date 11/15/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PSTD	ROBERT ALPERT	1508 BAY ROAD # N1577	MIAMI BEACH, FL 33139

300004324499
12/07/04--01071--006 **150.00

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: 11/15/04 305 401 7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12/5/04 Date Daytime Phone #