

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079112

1. Corporation Name

Hollywood Island Inc

2. Principal Office Address

1610 Seagrape Way

Suite, Apt. #, etc.

City & State

Hollywood Florida

Zip

33019

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 1998

5. FEI Number

65 0876264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 OCT 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024392747
11/04/03--01005--001 **150.00

7. Name and Address of Current Registered Agent

Name

Olga Ulfarsson

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

1610 Seagrape Way

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33019

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

Olga Ulfarsson
REGISTERED AGENT MUST SIGN

Date

10/27/03

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
Sec	Jakob Ulfarsson	1610 Seagrape Way	Hollywood, FL 33019
VP	Gudny Jonsson	1785 Seagrape Way	Hollywood FL 33019
PID	Olga Ulfarsson	1610 Seagrape Way	" "

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:

Olga Ulfarsson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03 954 025 0527

Date

Daytime Phone #

CR2E081 (10/02)

Hollywood Island, Inc.

Hollywood Fl.

Hollywood, FL
Oct. 27th 2003

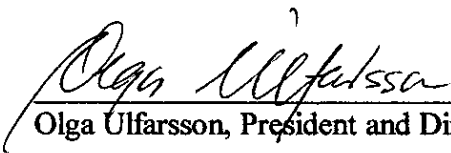
Dear Department of State:

My corporation, Hollywood Island, Inc., was dissolved on or about 9/19/03, as a result of my failure to file the annual report on time. My corporation number is P98000079112.

Please take this letter as a request to remove the reinstatement penalty/fee, as the address for my corporation moved, to across the street from me, and I've been having problems with my mail, and thus, didn't receive the documents to file.

If there is anything you need, please do not hesitate to call, and your assistance in removing this fee is greatly appreciated.

Sincerely,



Olga Ulfarsson, President and Director Hollywood Island, Inc.