		A DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS		APPROVED AND FILED			
DOCUMENT # <b>P9900014527</b>				00 NOV -9 PM 4:40			
1. Corporation Name				SECRETARY OF STATE			
THE HOLLYWOOD CINEMA	RENOVAT	ION PROJE	CT, INC.	1.	ALLAHASSEE, FLO	JHIDA	
Principal Place of Business	ace of Business Mailing Address						
833 WASHINGTON STREET HOLLYWOOD FL 33019	igton street D FL 33019	-					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.   2. New Principal Office Address, If Applicable   3. New Mailing Office Address, If Applicable				4. Date incorp	porated or Qualified		
Suite, Apt. #, etc.	, etc.		To Do Business in Florida 02/12/1999				
City & State	State City & State				5. FEI Number 65-0896475		Applied For Not Applicable
Zip Country	Zip	Country	y	6. CERTIFICAT	E OF STATUS DESIRED		onal Fee required ficate of Status
7. Names and Street Addresses of Each Officer and	d/or Director (Fit		······································	·	· _ · _ · _ · _ · _ · _ · _ · _ · _ · _		
Title(s) Name of Officers and/or Directors	Off 3	Street Address of Each Officer and/or Director 3		Cit	y / State / Zip		
PRES ERIC STEINMA	833 WI HOLLYWOO	45 HINSTO	J	Hollywoor	> FL 3.	3019	
PRES FRIC STEINME SECT JON FITEEN	PO BOL	220590	>	Hohlywoor Hohlywoor	D,FL 3	3022	
TREAS JON FITZEN	<del></del>			<u> </u>			
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					-12/06/00 ****750.(		013
\$2	REINST	REINSTATEMENT LORDINA					
2					<b>BAN</b>	-	
8. Name and Address of Current	Registered Age	ent		9. Name and A	Address of New Registe	red Agent	
				- STEINMON			
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525			Suite, Apt. #, Etc.		· · · · · · · · · · · · · · · · · · ·		
Citytohly				wood		State Zip Cor FL 33	de 3019
10. I, being appointed the registered agent on the at Signature of		oration, am familiar wit	th and accept the ob	ligations of Sect			
Régistered AgentR	EGISTERED AG				Date	00	
11. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been names of individ	eliminated, the corpo luals listed on this for	rate name satisfies t n do not qualify for a	the requirements an exemption un-	of section 607.0401 or 6	17 0401 FS.	that all fees
SIGNATURE: SIGNATURE AND TYPED OR PR		REDUIR Signing officer or D	RED	+ + + +	 Date	Daytime Phor	5 <u>492</u> 1072/
ER'C STE	tinma n	)					
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