

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 1999 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000014527**

1. Corporation Name

Hollywood Cinema Renovation Project, Inc.

2. Principal Office Address

833 Washington Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

833 Washington Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1999

5. FEI Number

65-0898475

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

Eric Steinman

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

833 Washington Street

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 607.006 or 617.0000, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-14-02

9. Name 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
Pres	Eric Steinman	833 Washington Street	Hollywood, FL 33019
Sec/Treas	Jonathan Kitzen	833 Washington Street	Hollywood, FL 33019

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 607.3401 or 617.3401, 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 118.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC STEINMAN

Date

11-14-02

Signature Electronic

9546551800

js 11/21