

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **899000014527**

1. Corporation Name

THE HOLLYWOOD CINEMA RENOVATION PROJECT, INC.

2. Principal Office Address

PO Box 221268

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip **33022**

Country

USA

3. Mailing Office Address

PO Box 221268

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip **33022**

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0896475

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 c/o Charles Otto P.A.

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

3990 Sheridan Street

Suite, Apt. #, Etc.

Suite 109

City

Hollywood

State
FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date **12/24/2003**

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
Pres	Eric Steinman	PO Box 221268	Hollywood, FL 33022
Sec/Tre	Jonathan Kitzen	PO Box 221268	Hollywood, FL 33022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/2003

Date

954-655-1800

Daytime Phone #

CR2E081 (10/02)