

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 12 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052121

1. Corporation Name

HOLY_WOOD, INC.

2. Principal Office Address 2101 STARKEY RD. Suite, Apt. #, etc. UNIT D-3	3. Mailing Office Address 6971 N. FEDERAL HWY. Suite, Apt. #, etc. Suite 402		
City & State Largo, FL.	City & State Boca Raton, FL.		
Zip 33771	Country USA	Zip 33487	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 9, 1999

5. FEI Number 59-3581422	Applied For <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
HUMBERTO E. RUIZ & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
6971 N. Federal Hwy.
Suite, Apt. #, Etc.
Suite 402

City
Boca Raton

State
FL Zip Code
33487

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

Date

9/8/08

REGISTERED AGENT MUST SIGN

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
P	HUGO CHAMORRO	2101 Starkey Rd. Unit D-3 Largo, FL. 33771	

6000007807616--7
-09/17/02-01069-007
****300.00 ****300.00

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/08 727-688-7770
Date Daytime Phone #