## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION	1
REINSTATEMEN	T



Suite 402

Boca Raton.

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

2001-2002 P99000052121

1. Corporation Name

DOCUMENT #

HOLY-WOOD, INC.

SECRETARY DIVISION OF CO	OF S RPOI	TATE	. 1
03 JAN 23	AM	9: 37	

Zip Code

33487

State

2. Principal Offi	ice Address	3. Mailing Office A	ddress			
2101 S	TARKEY RD.	6971 N. F	EDERAL HWY.	1/70/22 21802	NA2 31	
Suite, Apt. #, etc.  UNIT D-3  City & State  Largo, FL.  Zip  33771  USA		Suite, Apt. #, etc.	· · ·	1/22/03 01050 003 3/  4. Date Incorporated or Qualified To Do Business in Florida  June 9, 1999		
		Suite 402				
		City & State				
		Boca Raton, FL.  Zip Country 33487 USA		<b>5.</b> FEI Number 59-3581422	Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED S8	75 Additional Fee required for a Certificate of Status	
		7. Name a	nd Address of Current F	legistered Agent		
N	· HUMBERTO E.	RUIZ & ASSO	CIATES .			
·S	Street Address (P.O. Box Number is Not Acceptable) 6971 N. Federal Hwy. Suite, Apt. #, Etc.					
Si						

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_		<i>, , , ,</i>		and the second s	bligations of section 607.0505 or 617.0503, F.S
ж_	I have appointed the registered	fanent of the &	hake named comoration	om tomiliar with and account the ol	blinations of saction 607 OSAS or 617 OSAS F.S.
	i, baily appointed the registered	ayon o area	DYTE HALLED DOLDSIANDI		
		- /			-

Signature of

City

9. Names and Street Addresses of Each

REGISTERED AGENT MUST SIGN

Street Address of Each Officer and/or Director Name of Tities City / State / Zip Officers and/or Directors P HUGO CHAMORRO 2101 Starkey Rd. Unit D-

Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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 filling 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 path.

SIGNATURE:

TYPER OR HAINTENAME OF SIGNING OFFICER OR DIRECTOR

Sirs:

FLORIDA DEPARTMENT OF STATE JIM SMITH SECRETARY OF STATE ATT: PAT BAILEY ACCOUNT II Ref: Subject: Holy-Wood Inc. Debit Memo 31653 - H Document No. P99000052121

Attached to this letter I send a money order of \$315 for concept of a returned check. The reasons that caused this problem were inconveniences at the time in our checking account.

Our address changed three months ago, and we had not received any notification to give solution to this problem.

Our new address is: 12740 98th St. Largo Florida, 33773

I request the favor to reactivate the corporation Holy-Wood Inc.

I thank the attention to this

Cordially

Hugo Chamorro

President -

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A BOTH OF THE PLANTED BANK