

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV 12 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000090606

**1. Corporation Name**

Hollywood Associates, Inc.

**2. Principal Office Address**

2525 N. State Rd. 7

Suite, Apt. #, etc.

Suite 205

City & State

Hollywood, Florida

Zip

33021

Country

U.S.A.

**3. Mailing Office Address**

2525 N. State Rd. 7

Suite, Apt. #, etc.

Suite 205

City & State

Hollywood, Florida

Zip

33021

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10-14-99

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-02

**7. Name and Address of Current Registered Agent**

Name

Michael J. Moskowitz

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

2525 N. State Rd. 7

Suite, Apt. #, Etc.

Suite 205

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

Date 11-11-02

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
D	Gyorgy Katz	500 Bayview Dr. - No. 1928	Sunny Isles Bch., FL 33160

**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

10/31/02  
Date

305-948-6622  
Daytime Phone #

CR2E081 (9/01)

LAW OFFICE  
**MICHAEL J. MOSKOWITZ**  
2525 N. State Road 7 - Suite 205  
Hollywood, Florida 33021  
(954) 989-7929

November 11, 2002

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Corporate Reinstatement

Re: Document No. : P99000090606  
Hollywood Associates, Inc.

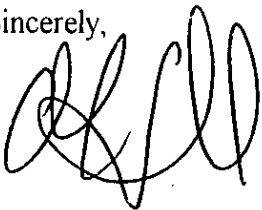
Dear Sir:

Attached are:

1. Corporate Reinstatement form executed for the above-specified corporation.
2. Trust Account check no. 0090, in the amount of \$1,050.00, made payable to your office for reinstatement fee.

Please reinstate the specified corporation and acknowledge this office as soon as possible.

Sincerely,



Michael J. Moskowitz  
MJM:sr