

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99AC
 REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

99 OCT 22 AM 11:39

DOCUMENT # **398332**

1. Corporation Name

HOLLEMAN'S RESTAURANT & LOUNGE, INC.

Principal Place of Business

Mailing Address

**1 CURTISS PARKWAY
 MIAMI SPRINGS FL 33166**

**1 CURTISS PARKWAY
 MIAMI SPRINGS FL 33166**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/29/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1397902	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HOLLEMAN, HENRY C.	1 CURTISS PARKWAY	MIAMI SPRINGS FL
ST	SEAGRAVE, DEMONT W.	1 CURTISS PARKWAY	MIAMI SPRINGS FL

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-11/02/99--01108--025
*****150.00 ***150.00**

DB 10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLLEMAN, HENRY 1 CURTISS PKWY. MIAMI SPRINGS FL	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Demont Seagrave* Date: 10/17/99
 REGISTERED AGENT MUST SIGN

11. 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: *Demont Seagrave* Date: 10/17/99 Daytime Phone #: 305 888-8097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Atwill & Ellenbogen, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
14645 NW 77 AVENUE, SUITE 104
MIAMI LAKES, FL. 33014

JACK A. ATWILL, CPA
ROBERT S. ELLENBOGEN, CPA

PHONE (305) 567-5266
FAX (305) 823-7631

October 13, 1999

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: Holleman's Restaurant & Lounge, Inc.
Document #398332, 1999 Corporate Annual Report Filing

To Whom It May Concern:

We are writing to you at the request of the above mentioned taxpayer regarding an Application For Reinstatement notice just received by the above mentioned corporation. The taxpayer states that they never received either a first notice or second notice asking for the annual filing fees. This corporation has been in good standing with the state of Florida since 1972, and because of their track record and their statement claiming they did not receive previous notices, we ask that you please reinstate this corporation for the timely fee of \$150.00. We have enclosed a check for this amount and hope you accept.

If you have any further questions regarding this matter, please feel free to contact our office.

Very truly yours,



Robert S. Ellenbogen, CPA

Encs.