PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR [redacted]

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

FILED
00 OCT 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/1972

5. FEI Number: 59-1397902 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOLLEMAN,HENRY C.	1 CURTISS PARKWAY	MIAMI SPRINGS FL
~~ST~~	~~SEAGRAVE,DEMONT W.~~	~~1 CURTISS PARKWAY~~	~~MIAMI SPRINGS FL~~
			900003465445 2 -11/16/00--01009--002 ****150.00 ****150.00
			DO UBR 1 T8

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: FL / Zip Code

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: Henry C Holleman SIGNATURE REQUIRED — Date: 10/20/00
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 [illegible] on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.*

SIGNATURE: Henry C Holleman SIGNATURE REQUIRED — 10/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Robert S. Ellenbogen, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT
14645 NW 77 AVENUE, SUITE 104
MIAMI LAKES, FL. 33014

ROBERT S. ELLENBOGEN, CPA

PHONE (305) 557-5266
FAX (305) 823-7631

October 19, 2000

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, 2000 Corporate Annual Report Filing

To Whom It May Concern:

I am 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, I ask that you please reinstate this corporation for the timely fee of $150.00, and that you waive all late and reinstatement fees. Please find enclosed a check for this amount and hope you accept.

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

Very truly yours,

Robert S.Ellenbogen, CPA

Encls.