PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 96-00

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 10 AM 10:53

DOCUMENT # 714057

1. Corporation Name

HOLLYWOOD STAMP CLUB, INC.

~~N99-29502~~

Principal Place of Business	Mailing Address
1720 N.E. 79 St. Causeway Suite #111 North Bay Village, FL 33141-4222	SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1720 N.E. 79 St. Causeway	Yes
Suite, Apt. #, etc.: Suite #111	Suite, Apt. #, etc.: Same
City & State: North Bay Village, FL	City & State: Same
Zip: 33141-4222 Country: USA	Zip: Same Country: Same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 23-7128686 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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****245.00/ ****245.00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
Pres./D	Louis Kleinman	300 S.W. 134 Way Apt. #E-20	Pembroke Pines, FL 33027
V.P./D	Robert Bennett	3140 Ocean Drive	Hallandale, FL 33009
Treas.	Norman F. Solomon	Suite 111 1720 N.E. 79 St. Causeway	North Bay Village, FL 33141-4222
Rec/ Cor	S. Harris Robbins	120 Hammocks Cts.	West Palm Beach, FL 33413
Fin. Sec.	Maynard Guss	9573 N.W. 26 Place	Sunrise, FL 33322-2738
Chairman Bd. of Dir.	/D Karl Shallenberger	6864 N.W. 26 Terrace	Fort Lauderdale, FL 33309

8. Name and Address of Current Registered Agent

Deceased

9. Name and Address of New Registered Agent

Name: Norman F. Solomon
Street Address (P.O. Box Number is Not Acceptable): 1720 N.E. 79 St. Causeway
Suite, Apt. #, Etc.: Suite #111
City: North Bay Village State: FL Zip: 33141-4222

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*****61.25

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: Norman F. Solomon
REGISTERED AGENT MUST SIGN

Date 12/20/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒XX

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Norman F. Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99 Date

305-865-2490 Daytime Phone #