

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

K91686

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 AM 9:58

DOCUMENT # K91686

1. Corporation Name

HOLLAND DEVELOPMENT CORPORATION  
911 SW 87TH TERRACE  
PLANTATION, FL 33324

Principal Place of Business

Same as Above

Mailing Address

Same as above

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

9066 W. ATLANTIC BLVD

Suite, Apt. #, etc.

APT. # 417

City & State

CORAL SPRINGS, FL

Zip

33071

Country

BROWARD

3. New Mailing Office Address, If Applicable

9066 W. ATLANTIC BLVD

Suite, Apt. #, etc.

APT. # 417

City & State

CORAL SPRINGS, FL

Zip

33071

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

05/31/1989

5. FEI Number

65-0142400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 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 City / State / Zip
PSD	LILIANA GOMEZ	9066 W. ATLANTIC BLVD, #417	CORAL SPRINGS, FL 33071
			2000002725882-9
			-12/30/98-01101-024
			***900.00 ***900.00

sf 12/17/98

8. Name and Address of Current Registered Agent

Mario Ruiz  
911 SW 87TH TERRACE  
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name

LUIS F. DE LA CRUZ, JR.

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

241 SEVILLA AVENUE

Suite, Apt. #, Etc.

SUITE 805

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILIANA GOMEZ

Date

Daytime Phone: #