

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 25 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 352519

1. Corporation Name

HOLLUB CONSTRUCTION COMPANY

2. Principal Office Address

9771 SO Dixie Hwy
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

DoDC

3. Mailing Office Address

9771 SO Dixie Hwy
Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

DoDC

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

9/19/69

5. FEI Number

591278841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M & W AGENTS, INC.

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

2101 NW CORPORATE BLVD.

Suite, Apt. #, Etc.

SUITE 107

City

BOCA RATON,

State

FL

Zip Code

33431

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

DONALD R. TESCHER

REGISTERED AGENT MUST SIGN

Date

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
STD	AMELIA HOLLUB	5780 SW 119 ST.	MIAMI, FL
PD	HARRY HOLLUB	10901 SW 69 AVE.	PINECREST, FL 33156
VD	HELENE HOLLUB	10601 SW 60 AVE.	MIAMI, FL 33156

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

Date

Daytime Phone #

3/17/03 305 665 4270

CR2E081 (10/02)