

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 593502

1. Corporation Name

HOLLAND AMERICAN MANAGEMENT AND INVESTMENT COMPANY

Principal Place of Business

Mailing Address

13585 49TH STREET N
CLEARWATER FL 34622

13585 49TH STREET N
CLEARWATER FL 34622

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

11/16/1978

5. FEI Number

59-1862747

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SVD SD	SCHWAANHUYSER, JOGINA RAVESTUN, JOSINA	5325 ASHLEY PKWY P/A 13585 49TH STR. N.	SARASOTA FL 34241 CLEARWATER, FL. 33762
D	RAVESTUN, LENA	P/A 5325 ASHLEY PKWY	SARASOTA FL 34241
PTDM	SCHWAANHUYSER, LOUIS F.A.	5325 ASHLEY PKWY 4915 BEACON RD	SARASOTA FL 34241 PALMETTO, FL. 34221
VP/D	SCHWAANHUYSER, NIELS Y.	5325 ASHLEY PKWY P/A 4915 BEACON RD	SARASOTA FL 34241 PALMETTO, FL. 34221
D D/VP	SCHWAANHUYSER, MARALYN L. ROBERTSON-MARALYN L.	5325 ASHLEY PKWY P/A 4915 BEACON RD	SARASOTA FL 34241 PALMETTO, FL. 34221

8. Name and Address of Current Registered Agent

SCHWAANHUYSER, L. F. A
13585 49TH STR N
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name

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

City

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

500004669965--3
-11/07/01--01003--022
****750.00 ****750.00

Date

10.15.01

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)(f), 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 #

10.15.01

727.572.0956