

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 PM 2:25

DOCUMENT # 765544

1. Corporation Name

The Hollinsed House Condominium Owners Association,
Inc.

2. Principal Office Address

609-611 Southard Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

C/O Joel McElearney
40 West Hills Road

Suite, Apt. #, etc.

City & State

Huntington Station, NY

Zip

11746

Country

USA

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

October 26, 1982

5. FEI Number

59-2242292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joel McElearney

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

609 Southard Street

Suite, Apt. #, Etc.

#7

City

Key West

State

FL

Zip Code

33040

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

Joel McElearney

REGISTERED AGENT MUST SIGN

Date March 28, 2006

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
Pres.	William Fitzgerald	611 Southard Street #1	Key West, FL 33040
Sec.	Kathleen B. Hopkins	47 Oak Crest Drive	Huntington Station, NY 11746
Tres.	Joel McElearney	40 West Hills Road	Huntington Station, NY 11746

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 contained in Chapter 119, 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

March 28, 2006

Date

631-421-5525

Daytime Phone #

31282