

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 18 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23044

1. Corporation Name

Hollywood Billiards Inc

2. Principal Office Address

430 S State Rd 7

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

BROWARD

3. Mailing Office Address

12420 SW 2nd St

Suite, Apt. #, etc.

City & State

Plantation FL

Zip

33325

Country

BROWARD

REINSTATEMENT

99-04

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

05/03/88

5. FEI Number

65 0055884

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

MARJORIE A. SOASH

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

12420 SW 2nd St

Suite, Apt. #, Etc.

800041914848

10/18/04 01804 014 **988.00

City

Plantation

State

FL

Zip Code

33325

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

MARJORIE A. SOASH

REGISTERED AGENT MUST SIGN

Date

10/12/04

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	MARJORIE A. SOASH	12420 SW 2nd St	Plantation FL 33325
V.Pres	RICHARD E. APONIA	3237 NW 123RD Ave	SUNRISE FL 33323

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:

MARJORIE A. SOASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04

Date

954-916-0896

Daytime Phone #

CR2E081 (01/04)