

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

FILED
99 AUG 17 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 81474

1. Corporation Name

MULHOLLEN, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

4725 ELDER BERRY DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4725 ELDER BERRY DR.

Suite, Apt. #, etc.

City & State

SARASOTA

FL

Zip

34241

Country

USA

City & State

SARASOTA

FL

Zip

34241

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-89

5. FEI Number

65-012509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$875. A fee of \$875 is 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|--------------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------|
| 1 | 2 | 3 | 4 |
| PRESIDENT | DALE A. MULHOLLEN | 4725 ELDER BERRY DR. | SARASOTA, FL 34241 |
| V. PRESIDENT | BARBARA A. MULHOLLEN | 4725 ELDER BERRY DR. | SARASOTA, FL 34241 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DALE A. MULHOLLEN
4725 ELDER BERRY DR.
SARASOTA, FL 34241

Name

DALE A. MULHOLLEN

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

4725 ELDER BERRY DR.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34241

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

Dale A. Mulhollen

REGISTERED AGENT MUST SIGN

Date 8-17-99

11. This corporation owes 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)(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:

Dale A. Mulhollen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE A. MULHOLLEN

8-17-99

Date

(941) 377-6879

Daytime Phone #

CR2501 (12/96)