

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

96 DEC 12 AM 11:59

mwb
12/12/96

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

Name and Mailing Address of Corporation DOCUMENT # K91686

HOLLAND DEVELOPMENT CORPORATION
911 S.W. 87th Terrace
Plantation, FL 33324

2. If address in back of corporation any way, enter the correct address below:

TALLAHASSEE FLORIDA

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

05/31/1989

5. FEI Number

65-0142400

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Officers:	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
PSD		RUIZ, MARIO		911 S.W. 87th Terrace		Plantation, FL 33324

800002028028--7
12/12/96--01108--013
****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

RUIZ, MARIO
911 S.W. 87th Terrace
Plantation, FL 33324

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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

REGISTERED AGENT MUST SIGN

Date

12/19/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all taxes owed by the corporation have been paid. 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 of Officer or Director

Date

12/19/96

Daytime Phone # (954) 434-8101

Typed or printed name of signing officer or director MARIO RUIZ