

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L56623**

**1. Corporation Name**

Holland House Corp.

**2. Principal Office Address**

170 Spyglass Lane

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477

Country

USA

**3. Mailing Office Address**

170 Spyglass Lane

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477

Country

USA

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

March 8, 1990

**5. FEI Number**

65-0268985

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

David Chleck

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

170 Spyglass Lane

Suite, Apt. #, Etc.

City

Jupiter, FL

State

FL

Zip Code

33477

**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

*David Chleck*

REGISTERED AGENT MUST SIGN

Date

12/17/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | David Chleck                         | 170 Spyglass Lane                                 | Jupiter, FL 33477  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*David Chleck* DAVID C H L E C K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/03 561-743-4547

Daytime Phone #

FILED

04 JAN -9 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600025781066  
01/13/04--01084--005 \*\*535.00

REINSTATEMENT 91-03

CR2E081 (10/02)