

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35169

1. Corporation Name HOLLYWOOD OPTIMIST
FOOTBALL LEAGUE

Principal Place of Business Mailing Address
707 S.W. 9th STREET
HALLANDALE, FL. 33009

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>11/89</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0213270</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee 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)

1 Title(s)	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
<u>Pres.</u>	<u>JOSEPH ZACCHEO</u>	<u>707 S.W. 9 St</u>	<u>Hallandale, FL. 33009</u>
<u>Treas.</u>	<u>Russell Faust</u>	<u>4814 S.W. 28 Terr.</u>	<u>Ft. Laud., FL. 33312</u>
<u>V. Pres.</u>	<u>Lonnie Jenkins</u>	<u>18701 N.W. 33 Ct</u>	<u>Opa Locka, FL 33054</u>

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph Zaccaro 707 S.W. 9 St. Hallandale, FL 33009		Name <u>Joseph Zaccaro</u> Street Address (P.O. Box Number is Not Acceptable) <u>707 S.W. 9 St.</u> Suite, Apt. #, Etc. City <u>Hallandale</u>		State <u>FL</u>	Zip Code <u>33009</u>
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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 Joseph Zaccaro Date June 9, 1997
REGISTERED AGENT MUST SIGN

11. 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.)

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: Joseph Zaccaro Joseph Zaccaro 6/9/97 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
457-0600

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

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