

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 JAN -6 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35169

1. Corporation Name

HOLLYWOOD OPTIMIST FOOTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

707 S.W. 9TH STREET
HALLANDALE FL 33009
US

707 S.W. 9TH STREET
HALLANDALE FL 33009
US



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0213270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
DVP	JENKINS, LONNIE	18701 N.W. 33RD COURT	OPA LOCKA FL 33054
DT	FAUST, RUSSELL	4814 SW 28 TERR	FT LAUDERALE FL 33009
DP	ZACCHEO, JOSEPH	707 S.W. 9TH STREET	HALLANDALE FL 33009
DP	BEN LEONARD	391 NE 27 TAV	BOTTON BEACH FL 33435
DUP	NELSON GONZALES	4521 N 3474 ST	LAUDER LAKES FL 33319

8. Name and Address of Current Registered Agent

300002738643-9
ZACCHEO, JOSEPH
707 SW 9TH ST
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name: RUSSELL FAUST
Street Address (P.O. Box Number is Not Acceptable): 2405 JACKSON ST
Suite, Apt. #, Etc.:
City: HOLLYWOOD
State: FL
Zip Code: 33020

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

RUSSELL FAUST
REGISTERED AGENT MUST SIGN

Date

12/22/98

11. This corporation owes or has paid 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:

RUSSELL FAUST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/22/98
Daytime Phone #: 954-920-1170

CR2E040 (9/98)