

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 NOV -3 PM 3:06

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.

2. New Principal Office Address, If Applicable
391 N.E. 27TH AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3589 MERIDIAN ST
Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL

City & State
HOLLYWOOD FL

Zip
33435
Country
US

Zip
33021
Country
US



REINSTATEMENT

990

4. Date Incorporated or Qualified To Do Business in Florida	11/14/1989
5. FEI Number	65-0213270
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status

7. Name 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	4. City / State / Zip
DT	FAUST, RUSSELL	4814 SW 28N TERR.	FT. LAUDERDALE FL 33009
DP	LEONARD, BEN	391 N.E. 27TH AVE.	BOYNTON BEACH FL 33435
DVP	GONZALES, NELSON	4521 N. 34TH ST.	LAUDERDALE LAKES FL 33319
DST	STEVE BERGER	5101 SW 109 AVE	Hollywood FL 33328
			800003039388--0 -11/09/99--01043--007 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAUST, RUSSELL
2405 JACKSON ST.
HOLLYWOOD FL 33020

Name	
Street Address (P.O. Box Number is Not Acceptable)	800003039388--0
Suite, Apt. #, Etc.	-11/09/99--01043--008
City	*****8.75 *****8.75
State	FL
Zip Code	

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 10/27/99

11. 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 RUSSP/HV/DST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 954-920-1170
Date Daytime Phone #

KE