

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002802**

1. Corporation Name

Hollub Family Foundation, Inc.

2. Principal Office Address - No P.O. Box #

5780 S.W. 119 Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip
33156

Country
USA

3. Mailing Office Address

5780 S.W. 119 Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip
33156

Country
USA

[Handwritten Signature]

500103043225
05/22/07--01054--012 **367.50

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

05-28-96

5. FEI Number
65-0677206

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
M & W Agents, Inc.

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

2101 Corporate Blvd.

Suite, Apt. #, Etc.

Suite 107

City
Boca Raton

State
FL

Zip Code
33431

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **5/18/07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Marvin A. Hollub	5780 S.W. 119 Street	Coral Gables, FL 33156
D	Amelia E. Hollub	5780 S.W. 119 Street	Coral Gables, FL 33156
D	Harry M. Hollub	10901 S.W. 69th Avenue	Pinecrest, FL 33156
D	Helene Hollub	10001 SW 60th Ave.	Miami, FL 33156

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marvin A. Hollub

Date

05/14/07

Daytime Phone #