## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N97000002498

Entity Name: HIBERNIANS OF HOLLYWOOD INC.

FILED Jaņ 2<u>6, 2</u>009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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PO BOX 22-3592 421 SOUTH 21ST AVE HOLLYWOOD, FL 33022 HOLLYWOOD, FL 33020

**Current Mailing Address: New Mailing Address:** 

PO BOX 22-3592 421 SOUTH 21ST AVE HOLLYWOOD, FL 33022 HOLLYWOOD, FL 33020

FEI Number: 65-0752976 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAFFRAN, MICHAEL F SAFFRAN, MICHAEL F 3250 HOLLÝWOOD BLVD 3250 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US US HOLLYWOOD, FL 33021

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL F. SAFFRAN 01/26/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

FOLEY, J LIPKA, JOHN S Name: Name: Address: 3250 HOLLYWOOD BLVD Address: 421 SOUTH 21ST AVE City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete Title: () Change () Addition

SAFFRAN, MICHAEL F Name: Name: Address: 3250 HOLLYWOOD BLVD Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

Title: PD(X) Delete Title: () Change () Addition

LIPKA, JOHN Name: Name: Address: 423 S. 21 AVE Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S LIPKA **PRES** 01/26/2009